

23666 NW 185th Road
High Springs, Florida 32643



Telephone: (386) 454-7322 ext 2

INSPECTION AFFIDAVIT

Permit # _____ Jobsite Address: _____

I, _____, licensed as a(n) _____ Contractor*/Engineer/Architect,
(please print name and check License Type)

_____ FS 468 Building Inspector*, License # _____ on or

about _____, I did personally inspect the:
(Date & Time)

_____ roof deck nailing and/or _____ secondary water barrier work at:

(Joe Site Address)

Roof Deck: OSB _____ Thickness _____ Plywood _____ Thickness _____

Replaced any rotten wood per FBEC 611 and added crickets or saddles on ridge side of any chimney over 30 inches in width per FRBC 905.2.8.3.

Based upon that examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.)

I hereby certify all roof coverings and ventilation are installed in compliance with manufacturers specifications and applicable edition of the Florida Building Code.

Signature of Contractor, or FS 468 Building Inspector

STATE OF FLORIDA
COUNTY OF ALACHUA

Sworn and subscribed before me
this _____ day of _____, 20_____
by _____
who is/are personally known to me or has/have produced
_____ as identification.

(SEAL ABOVE)

Notary Public: _____

*General, Building, Residential, or Roofing Contractor or any individual certified under 468 F.S. to make such an inspection. Include photographs of each plane of the roof with the permit number or address number clearly shown marked on the deck for each inspection.