INDIAN RIVER COUNTY
BUILDING DIVISION

RE: Permit # _____ 9/25/2007

Re-Roofing Inspection Affidavit

I _____ ,licensed as: Contractor*
(please print name and circle License Type) Engineer
Architect
FS 468 Building Inspector*

License #;_____

On or about _____, did personally inspect:
(Date & time)

the *roof deck nailing*
the secondary water barrier

work at _____.
(Job Site Address)

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

_____
Signature

STATE OF FLORIDA
COUNTY OF
Sworn to and subscribed before me this ____day of _____. 200__

By _____.
Notary Public, State of Florida
_____
(Print, type or stamp name)

Personally known _____ or Commission No.: _____
Produced Identification____
Type of identification produced._____

* General, Building, Residential, or Roofing Contractor or any individual certified under 468 F.S. to make such an inspection.

Provide this form, executed by the proper individual, to the Jobsite Inspector representing Indian River County at the next required jobsite inspection. Send a copy to the Building Division Office by mail or fax.