

**INDIAN RIVER COUNTY  
BUILDING DIVISION**

RE: Permit # \_\_\_\_\_

**Re-Roofing Inspection Affidavit**

I \_\_\_\_\_, licensed as:  
(please print name and circle License Type)

Contractor\*  
Engineer  
Architect  
FS 468 Building Inspector\*

License #: \_\_\_\_\_

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

the *roof deck nailing*

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 \_\_\_\_\_, 201\_\_

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 Building Division Office by mail or fax.**