

**INDIAN RIVER COUNTY
BUILDING DIVISION**

Roof Sheathing Certification Inspection Affidavit
(Approval to use this form is at the discretion of the Building Official)

RE: Permit # _____ Job Site Address _____

I _____, licensed as:
(Please print qualifier's name and check the box next to the License Type)

- Contractor*
- Engineer
- Architect
- FS 468 Bldg. Inspector*

License #: _____

On or about _____, did personally inspect the following items on this roof: _____
(Date & time)

The roof deck fastening

I hereby certify the roof deck fastening is done in accordance with: (check one)

- Florida Existing Building Code Table 611.7.1.2
- Roof material's Miami Dade N.O.A
- Roof material's Florida Product Approval

Qualifier's Signature

Personally known or Produced Identification

Type of identification produced. _____

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) Commission No.: _____

* Roofing Contractor or any individual certified in accordance with 468 F.S. to make such an inspection.