



ORANGE COUNTY
DIVISION OF BUILDING SAFETY

Re: Permit #: _____

Inspection Affidavit

I, _____, licensed as a(n) Contractor*/Engineer/Architect,
(Please print name and circle Lic. Type) F.S. 468 Building Inspector*

License#: _____

On or about _____, I did personally inspect the roof
(Date & Time)

deck nailing and 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 F.S. 553.844).

Signature

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 200____.

By _____.
Notary Public, State of Florida

(Print, type of stamp name)

Commission No.: _____

Personally known _____ or
Produced Identification _____
Type of identification produced _____

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



**RE-ROOF DRY-IN &
FLASHING INSPECTION AFFIDAVIT**

PERMIT NO: _____ LICENSE NO.: _____

COMPANY: _____ ADDRESS: _____

SUBDIVISION: _____ LOT: _____

I, _____, affiant, hereby affirm that I am the duly licensed contractor of record for the above referenced permit, that all of the foregoing information is true and accurate, and that the dry-in, flashings at the above referenced address/lot has/have been installed in accordance with all applicable codes and standards.

CONTRACTOR: _____

(Printed name)

(Signature)

STATE OF FLORIDA

COUNTY OF _____

This instrument was acknowledged before me this _____ day of _____, _____, by the above referenced individual, _____, who acknowledged that he/she is a duly licensed contractor with _____, and who acknowledged that he/she was authorized to execute this document. He/she is either personally known to me _____ or produced _____ as valid identification.

WITNESS my hand and official seal this _____ day of _____, _____,

**THIS AFFIDAVIT MUST BE
POSTED AT JOB SITE WITH
YELLOW INSPECTION CARD.**

Notary Public

Printed Name: _____

My Commission Expires: _____