



TOWN OF WELAKA, FL

BUILDING DEPARTMENT

RE: Permit # _____

Date: _____

Inspection Affidavit

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

License #: _____

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

deck nailing and/or secondary water barrier work at _____,
(circle one) (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 _____. 20__

By _____.

Notary Public, State of Florida

(Print, type or stamp name)

Commission No.: _____

Personally known _____ or
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. Include photographs of each plane of the roof with the permit # or address # clearly shown marked on the deck for each inspection.