



BELLEAIR BUILDING DEPARTMENT
901 PONCE DE LEON BLVD.
BELLEAIR, FL 33756
(727) 588-3775
WWW.TOWNOFBELLEAIR.COM/BUILDING

ROOFING AFFIDAVIT

Permit #: _____ Full Name: _____

Licensed as: Contractor Engineer Architect FS 468 Building Inspector

License #: _____ Inspection Date: _____

Inspection of: Roof Deck Nailing Secondary Water Barrier

Jobsite Address: _____

Being appropriately licensed to conduct this work, and based upon the examination of such work, I have determined that the installation was done according to the Hurricane Mitigation Manual (Based on 553.844 F.S.). I hereby certify that the above information is correct and complete.

SIGNATURE OF AFFIANT: _____

State of Florida, County of _____ Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20_____, by _____ who is personally known to me or who has produced _____ (type of ID) as identification.

Signature of Notary Public State of Florida

My Commission Expires: _____

Notary Seal