

## TILE AFFIDAVIT FOR FINAL ROOF INSPECTION

PERMIT #: BP \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_

ROOFING CONTRACTOR LISTED ON PERMIT: \_\_\_\_\_

I, \_\_\_\_\_, licensed in the State of Florida as a  
Print the name of the third-party license holder  
current Roofing Contractor, Engineer, or Architect under license, \_\_\_\_\_.  
Third-Party License number

I personally inspected the tile roof on or about \_\_\_\_\_.  
Date and Time

I certify that all tile roofing materials installed match the product(s) listed on the county-approved Re-Roof Supplement or Product Approval Form. Based on that examination, I have determined that the installation and approved Florida product materials were done per the required manufacturer specifications and meet the current Florida Building Code—Existing Building Volume for the final roof inspection.

\_\_\_\_\_  
Third-Party Signature, Date, and Seal if a Design Professional.

(Seal)

Third-Party Company Name: \_\_\_\_\_

Third-Party Company Address: \_\_\_\_\_

Third-Party Phone Number: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me by means of [ ] physical presence or [ ] online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_ (name of person acknowledging), who is [ ] personally known to me; or [ ] has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public (Seal)

**\*\*\* Roofing contractors may notarize and have on-site. Design Professionals may submit a digitally signed and sealed letter with the information above to [BPCustomerService@seminolecountyfl.gov](mailto:BPCustomerService@seminolecountyfl.gov). Wet or embossed sealed letters are accepted on-site.**