

RESIDENTIAL RE-ROOF IN-PROGRESS AFFIDAVIT

MUST BE ONSITE FOR FINAL ROOF INSPECTION

NOTE – Tile Underlayment Inspection is required for all tile roofs

PERMIT #: _____

JOB ADDRESS: _____

LOT / SUBDIVISION: _____

COMPANY: _____

I, _____, licensed as a Contractor, license
Please print name
number _____, did personally inspect the roof deck nailing and/or
License number
secondary water barrier on or about, _____. I certify all of the
Date and Time
materials installed match the product(s) listed on the County approved Re-Roof Supplement
Form. Based upon that examination, I have determined the installation and all materials used
were done in accordance with the current Florida Building Code – Existing Building Volume.

Contractor Signature and Date

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)