

Permit # \_\_\_\_\_

Permit Rep Initials \_\_\_\_\_



# ROOF INSPECTION AFFIDAVIT

Phone: (239) 321-7925 ~ E-Mail: [e-permits@cityftmyers.com](mailto:e-permits@cityftmyers.com)

Re: Permit # \_\_\_\_\_

I, \_\_\_\_\_, License # \_\_\_\_\_  
(Please print name) (Input as N/A if Owner-Builder)

hereby certify that based on my examination on \_\_\_\_\_, the roof deck nailing and  
(Date and Time)

secondary water barrier for the work located at:

\_\_\_\_\_  
(Job Site Address)

was installed according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.).

**CONTRACTOR / OWNER-BUILDER SIGNATURE** \_\_\_\_\_

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_, SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME BY MEANS OF \_\_\_ PHYSICAL PRESENCE  
OR \_\_\_ ONLINE NOTARIZATION THIS \_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_, BY \_\_\_\_\_ (NAME OF PERSON  
MAKING STATEMENT), PERSONALLY KNOWN \_\_\_ OR PRODUCED IDENTIFICATION \_\_\_ TYPE OF IDENTIFICATION: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

Stamp of Notary Public

\*General, Building, Residential or Roofing Contractor or any individual certified under 468 F.S. to make such an inspection.