



ISLAMORADA, VILLAGE OF ISLANDS BUILDING DEPARTMENT

ROOF INSPECTION AFFIDAVIT

RE: Permit #

licensed as a(n)

(Please print name as it appears on license)

☐

Contractor*

☐

Engineer

☐

Architect

☐

FS 468 Building Inspector*

(Please check License Type)

License #

On or about

(Date & time)

, I did personally inspect the:

☐

Roof Deck Nailing

☐

Secondary Water Barrier work at:

(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.)

ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this document is true and correct. Electronic Signatures are not required to be notarized but are only valid for electronic submittal.

Signature of Contractor

Print Name

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____, 202__

Signature of Notary

Notary Public, State of Florida

(SEAL)

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.

Islamorada, Village of Islands Building Department
Sheila Denoncourt, Chief Building Official
86800 Overseas Highway
Islamorada, FL 33036
(305) 664-6400