



RE-ROOFING INSPECTION AFFIDAVIT

JOB ADDRESS: _____ PERMIT # _____

INSPECTION REQUEST PHONE LINE (904)247-6107

This affidavit must be signed and inspected by a licensed individual as stated below.

I, _____, licensed as a General*, Building*, Residential*, or Roofing
(Print License Holder Name)

Contractor, or a Building Inspector hereby affirm that all of the foregoing information is true and accurate and that the sheathing, nailing, dry-in, and flashings at the above referenced address will be installed in accordance with all applicable codes and standards set forth in the 2017 Florida Building Code and the Hurricane Mitigation Retrofit Manual (F.S. 553.844).

Signature of License Holder DBPR License Number Date

*No general, building, or residential contractor certified after 1973 shall act as, hold himself or herself out to be, or advertise himself or herself to be a roofing contractor unless he or she is certified as a roofing contractor.

STATE OF FLORIDA, COUNTY OF DUVAL:

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____ herein by himself/herself and affirms all statements and declarations herein are true and accurate.

NOTARY PUBLIC, STATE OF FLORIDA

Print Name: _____

Personally Known/ Identification: _____