



# CITY OF WINTER SPRINGS

## Re-Roof Inspection Affidavit

This affidavit must be signed and inspected by the licensed individual as stated below. Site workers are not authorized to do the inspection and fill in the time and date.

### Affidavit must be provided at the job-site prior to final inspection

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

DATE: \_\_\_\_\_

I \_\_\_\_\_, licensed as a(n) **Contractor\*** **Engineer** **Architect** **FS 468 Building Inspector\***  
(Please print name clearly) *(Must circle license type)*

License #: \_\_\_\_\_

I personally inspected the **Roof deck nailing on:** \_\_\_\_\_  
DATE Initial

I personally inspected the **Flashing & Dry-in on:** \_\_\_\_\_  
DATE INITIAL

I personally inspected the **Roof Materials on:** \_\_\_\_\_ (Per FBC 7<sup>th</sup> Edition)  
DATE INITIAL

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.)

Underlayment SHALL be in compliance with R905.2.7

**CONTRACTOR'S STATEMENT:** Under penalty of perjury, I declare that the foregoing information and facts contained in this document are true and correct. (Florida Statute 92.525)

\_\_\_\_\_  
Signature

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

STATE OF FLORIDA, COUNTY OF _____	
Affirmed and subscribed before me this ____ day of _____ 20__ by _____ who is	
Personally known to me or who has produced _____ (type of ID) identification.	
_____ Signature of Notary Public State of Florida	_____ Print, Type or Stamp Name of Notary