

County of Volusia
BUILDING DEPARTMENT

RE: Permit # _____

10/1/07

Inspection Affidavit

Inspection affidavit(s) from contractors will only be accepted when an in progress inspection has been scheduled the prior working day.

I _____, licensed as a Contractor*
(please print name and circle license type) /Engineer/Architect,

License #: _____

On or about _____, I did personally inspect the
(Date & time)

roof to wall connections 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.)

Signature

STATE OF FLORIDA
COUNTY OF

Sworn to and subscribed before me this ____ day of _____, 200__

By _____
Notary Public, State of Florida

(Print, type or stamp name)

Commission No.: _____

Personally known _____ or
Produced Identification _____
Type of identification produced. _____

*** General, Building or Residential Contractor. Include photographs of each work area of the roof with the permit # or address # clearly shown marked on the deck for each inspection.**