

**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.**