County of Volusia
BUILDING DEPARTMENT

RE: Permit # _____ 7/14/09

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 Roofing Contractor
(please print name and circle license type) /Engineer/Architect,

License #; _____

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

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.)

_____
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._____