



Growth and Resource Management
Building and Code Administration
123 W. Indiana Ave., DeLand, FL. 32720
(386) 822-5739
Email: building@volusia.org

ROOF DECK NAILING, UNDERLAYMENT AND FLASHING ROOF AFFIDAVIT

Permit Number: _____

Affidavit from contractors will only be accepted when an in progress inspection has been scheduled the prior working day.

I, _____, licensed as a Contractor*/ Engineer/ Architect.
(Print Name) (Circle License Type)

License #: _____ *Approved Contractor Types: General, Building, Residential or Roofing

Roof Deck Nailing

On or about (Date) _____ (Time) _____, I did personally inspect

the **Roof Deck Nailing** work at: (Address) _____

Roof Underlayment & Flashing

On or about (Date) _____ (Time) _____, I did personally inspect

the **Roof Underlayment & Flashing** work at: (Address) _____

Based upon that examination I have determined the installation was done according to the currently adopted Florida Existing Building Code.

Signature

STATE OF FLORIDA, COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this _____ day of _____ 20____, by

(Full name of person acknowledging.)

Personally known: _____

Produced Identification: _____

Type of Identification Produced: _____

Signature of Notary Public

(SEAL)