



GROWTH AND RESOURCE MANAGEMENT

Building and Zoning
123 West Indiana Avenue
Deland, FL 32720
(386) 736-5929 Fax (386) 943-7096

To: The County of Volusia
Building Activity

Permit #: _____

ARCHITECT/ENGINEER AFFIDAVIT

Before me, the undersigned authority, personally appeared _____,
(Architect or Engineer)

License Number _____, who being duly sworn, deposes and says:

I did personally inspect and examine the Roof Installation constructed at
_____. Based upon my examination, I have
determined that the construction was done according to the plans, specifications, and design and
meets the requirements of the 2007 Florida Building Codes and amendments thereto.

Further affiant saith not.

Affiant – Signed and Sealed

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20_____, by

_____.

Notary Public, State of Florida signature

(Print, type or stamp name)

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

Commission No.: _____