## **County of Volusia**

## **BUILDING DEPARTMENT**

3/16/17

RE: Permit # \_\_\_\_\_

## **Roof Underlayment & Flashing Affidavit**

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

| I  | , licensed as a Contr   | actor*         |
|--|---|----------------|
| (please print name and circle license type)                          | /Engineer/Architec  | t,             |
| License #;   |   |                |
|  | that has signed below after their inspect<br>ank if notarized at time of permitissuan | <b>-</b> ,     |
| On or about (date)<br>inspect the <i>roof underlayment &amp; fla</i> |   | did personally |
| ()   | ob Site Address)  | ,              |

Based upon that examination I have determined the installation was done according to the current Florida Existing Building Code, sections 606.3.2 & 611.7.1

Signature

STATE OF FLORIDA COUNTY OF Sworn to and subscribed before me this \_\_\_\_\_\_day of \_\_\_\_\_\_. 20\_\_\_\_\_.

Notary Public, State of Florida

(Print, type or stamp name)

Commission No.:

Personally known\_\_\_\_or Produced Identification\_\_\_\_ Type of identification produced.\_\_\_\_\_

\* General, Building, Residential or Roofing Contractor.