



TOWN OF GRANT-VALKARIA
1449 Valkaria Road
Grant-Valkaria, FL 32950
Phone: (321) 951-1380 Fax: (321) 956-5660

ROOF INSPECTION AFFIDAVIT

Permit #: _____

I _____, licensed as a Contractor*/Engineer/Architect,
(Print Name and circle License Type) FS 468 Building Inspector*

License Number: _____ On or about _____
(Date and Time)

I did personally inspect the Roof Deck Nailing and/or Secondary Water Barrier work at:
(circle one)

Site Address: _____
Street City State Zip

Based upon that examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on FS 553.844).

Signature of License Holder Date

STATE OF FLORIDA
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____, by _____ who is personally known to me or who has produced _____ as identification.

SEAL

Notary's Signature

Name of Notary (Typed, Printed, or Stamped)

*General, Building, Residential, or Roofing Contractor or any individual Certified under FS 468 to make such inspection.