



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

ROOF FASTENERS 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 Decking Attachment work at:

Site Address: _____
 Street City State Zip

Based upon that examination, I have determined the installation was done in accordance with the 7th Ed (2020) Florida Building Code Existing Section 706.7.1, "Roof decking Attachment for Site-Built Single-Family Residential Structures".

 Signature Date

STATE OF FLORIDA
 COUNTY OF BREVARD

Subscribed and sworn to before me by () physical presence or () remote audio-visual means, this ____ day of _____, 20____, personally appeared _____ who is personally known to me or who has produced _____ as identification, and who did/did not take an oath.

S E A L

 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.