



Mailing: 25440 W Newberry Rd
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STAFF USE ONLY

ROOF INSPECTION AFFIDAVIT

Permit Number: _____

Jobsite Address: _____

I _____ licensed as a(n): _____

Print name Contractor¹/Engineer/Architect/FS 468 Building Inspector

License # _____ on or about _____

Date and time

I did personally inspect the roof deck nailing and/or secondary water barrier work at:

_____ Job site address

Roof Deck Material: OSB Thickness _____

Plywood Thickness _____

Lumber Thickness _____

Replaced any rotten wood per FBEC 708 and added crickets or saddles on ridge side of any chimney over 30 inches in width per FBC-R 903.22. Based upon that examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (based on F.S 553.844)

Signature of Contractor, Contractor Designee, or FS 468 Building Inspector

Date

STATE OF FLORIDA
COUNTY OF ALACHUA

Sworn to (or affirmed) before me by means of physical presence or online notarization, this

_____ day of _____, 20____, by _____
(Day) (Month) (Year) (Name of Person Making Statement)

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced: _____

¹ General, building, residential, or roofing contractor or any individual certified under 468 F.S to make such an inspection.