



Town of North Redington Beach
 18001 Gulf Boulevard
 Redington Shores, FL 33708
 727.202.6825 Phone
 727.258.4986 Fax
www.fmsbuildingdepartment.com

RE-ROOF INSPECTION AFFIDAVIT

Permit Number: _____



F.S. 837.06 False official statements: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

Date: _____

I, _____, am duly licensed by the State of Florida as a:
Print Name
 Contractor* Engineer/Architect F.S. 468 Building Inspector

I hereby affirm that on _____ at _____, I did personally inspect the:
Date Time

Roof deck nailing and secondary water barrier. (May be certified by an Architect, Engineer, Contractor* or Building Inspector**.) Attach clear pictures of the underlayment, nailing pattern and the drop edge, verifying proper code is followed.

Additional metal connectors, clip strap fasteners and additional structural elements. (May be certified by an Architect, Engineer, Contractor* or Building Inspector**.) Required in addition to the above statement for Wind borne Debris Region with a value greater than \$300,000.)

for the work located at _____.

Based upon that examination, I have determined that the installation was completed according to the Hurricane Mitigation Retrofit Manual (based on F.S. 553.844).

 Signature

County of _____
 State of Florida

Sworn and subscribed before me on this _____ day of _____, 20____,

By _____ who produced _____ as

identification or is personally known to me and attests to the validity of this authorization letter.

Notary Signature _____ My Commission Expires _____

Notary Stamp:

*General, Building, Residential, or Roofing Contractor (Note: Roofing Contractor *shall* not!do metal connectors, clips strap fasteners and additional structural elements per F.S. 468 & 553.844.)
 ** Any individual certified under 468 F.S. to make such an inspection.