



# **ROOF INSPECTION AFFIDAVIT**

## **FRANKLIN COUNTY BUILDING DEPARTMENT**

34 Forbes Street, Suite 1, Apalachicola, Florida 32320

Phone: 850-653-9783 Fax: 850-653-9799

[http://www.franklincountyflorida.com/planning\\_building\\_services.aspx?sid=building](http://www.franklincountyflorida.com/planning_building_services.aspx?sid=building)

# **PERMIT**

# \_\_\_\_\_

## **ROOF INSPECTION AFFIDAVIT**

I, \_\_\_\_\_, licensed as the following:  Engineer  Architect  FS 468 Building Inspector  
(Please Print and Mark License Type)

Florida License # \_\_\_\_\_

On or about Date: \_\_\_\_\_ Time: \_\_\_\_\_, I did personally inspect the Roof Deck Railing and/or Secondary Water Barrier located at the following address:

JOB SITE: \_\_\_\_\_

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

\_\_\_\_\_  
Signature Date

STATE OF FLORIDA  
COUNTY OF FRANKLIN

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
By \_\_\_\_\_, who is personally known to me or produced this type of \_\_\_\_\_ as identification.

NOTARY:

\_\_\_\_\_  
Signature:

SEAL:

Printed Name: \_\_\_\_\_

**\*\* General, Building, Residential, or Roofing Contractor or any individual certified under 468.F.S. to make such an inspection. Include photographs of each plane of the roof with the permit number or address clearly shown on the deck for each inspection.**