



**Gilchrist County Building Department**

209 SE First Street Trenton, FL 32693

Phone: (352) 463-3173 Fax: (352) 354-9113

E-mail: [permitting@gilchrist.fl.us](mailto:permitting@gilchrist.fl.us)

**INSPECTION AFFIDAVIT**

RE: PERMIT# \_\_\_\_\_

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

I \_\_\_\_\_, LICENSED AS A(N)  CONTRACTOR/ENGINEER/ARCHITECT,  
(Please print name and check License type)

FS 468 BUILDING INSPECTOR\*

LICENSE # \_\_\_\_\_ ON OR ABOUT \_\_\_\_\_, I DID PERSONALLY  
(Date & Time)

INSPECT THE  ROOF DECK NAILING AND/OR  SECONDARY WATER BARRIER WORK AT

\_\_\_\_\_  
(Job site address)

ROOF DECK: OSB \_\_\_\_\_ THICKNESS \_\_\_\_\_  
PLYWOOD \_\_\_\_\_ THICKNESS \_\_\_\_\_  
PURLIN ATTACHMENT: \_\_\_\_\_

Replaced any rotten wood per FBEC 611 and added crickets or saddles on ridge side of any chimney over 30 inches in width per FRBC 905.2.8.3.

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 of Contractor or FS 468 Building Inspector

STATE OF FLORIDA  
COUNTY OF GILCHRIST

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who executed the same.

\_\_\_\_\_  
Personally Known.

\_\_\_\_\_  
OR Produced Identification.

Type of Identification Produced \_\_\_\_\_.

\_\_\_\_\_  
Notary Public-State of Florida:

Print name: \_\_\_\_\_

My commission expires: \_\_\_\_\_