



GROWTH MANAGEMENT
1769 East Moody Blvd, Bldg #2
Bunnell, FL 32110
Phone 386-313-4003

Permit Number: _____
FOR OFFICE USE ONLY

CENTRALPERMITTING@FLAGLERCOUNTY.GOV

Roofing Inspection Affidavit

I _____ licensed as a(n)

Please select one: [] Contractor [] Engineer [] Architect [] FS 468 Building Inspector

Contractor/DBA: _____

License Number: _____ License Holder: _____

On or about _____ Date and time _____ I did personally inspect the

Work at _____ (job address)

Please select one: RoofDeckNailing

I HAVE DETERMINED THE INSTALLATION AS IDENTIFIED IS IN ACCORDANCE TO ALL LAWS, RULES AND CODES IN EFFECT AT TIME OF PERMIT APPLICATION.

Signature: _____

STATE OF
COUNTY OF

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this day of _____, 20____ by _____ (name of person acknowledging).

Personally Known OR Produced Identification
Type of Identification Produced:

(Signature of Notary Public)

My Commission expires: _____

Affix Notary SEAL

The Roofing Inspection Affidavit is in addition to and not intended to be in place of required inspections FAILURE TO CALL FOR INSPECTIONS (IN PROGRESS / DRY-IN) OR FALSIFICATION OF THIS DOCUMENT WILL RESULT IN THIS AFFIDAVIT BEING NULL AND VOID AND REMOVAL OF ALL ELEMENTS TO ALLOW FOR THE INSPECTIONS BY FLAGLER COUNTY BUILDING DEPARTMENT.