

Flagler County Building Department Roofing Inspection Affidavit

Permit Number: _____

Please Select or Circle One:

I _____ licensed as a(n)
Please Print Name

License Number _____

Please Select or Circle One:

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

Work at _____
Job Site Address

I have determined the installation as identified is in accordance to all laws, rules, and codes in effect at the time of Permit Application.

Signature: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

by _____

Notary Public, State of Florida

Seal

Signature

Personally know _____ or

Produced Identification _____

Type of identification produced: _____

* General, Building, Residential, or Roofing Contractor or any individual certified under 468 F.S. to make such an inspection.

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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 355 / Dry In 361)
OR FALSIFICATION OF THIS DOCUMENT WILL RESULT IN THE AFFIDAVIT
BEING NULL AND VOID AND REMOVAL OF ALL ELEMENTS TO ALLOW FOR THE
INSPECTIONS BY FLAGLER COUNTY BUILDING DEPARTMENT.**