OKEECHOBEE COUNTY

Building Department Inspection Affidavit – Re-roof

(Revised May 2, 2018)

NAME: _____ **DATE:** _____

(PRINT)

JOB ADDRESS: _____

LICENSE TYPE: FS 489 Licensed Contractor
FS 471 Licensed Architect
(Circle Type) FS 481 Licensed Engineer
FS 468 Building Inspector

LICENSE #: _____

PERMIT #: _____

I, the above named, licensed individual, did personally inspect the **ROOF DECK NAILING** at the listed job address. Based upon that examination I have determined the installation was performed in accordance with The Hurricane Mitigation Retrofit Manual pursuant to FS 553.844.

Amount of Framing/Sheathing Repair: _____
_____

Specifications & type of underlayment overlap & roof pitch: _____
_____

Sealed edges, objects, and valleys, valley material type with a minimum of four inch (4") flashing cement:
_____
_____

Nail schedule for eave drip, metal, roof shingles: _____
_____
_____

_____
Signature

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this ____day of _____ 20_____.

Seal

_____
Notary Signature

Personally Known ____ or
Produced Identification _____ Type of identification produced _____

You are required to call for an In-Progress and Final inspection and present this affidavit.