BUILDING DIVISION
Community Development Department, 1776 Independence Lane, Maitland, FL 32751
Phone (407) 539-6248 FAX (407) 539-6275 www.itsmymaitland.com

INSPECTION AFFIDAVIT

Permit Number_____

I _____, licensed as an Contractor*/Engineer/Architect, (FS Building Inspector*)
(Print/Type Name)

License Number: _____

On or about_____, I did personally inspect the roof deck nailing and/or secondary water barrier
(Date & Time)

work at _____
(Job Site Address)

Based upon that examination I have determined the installation was done according to the Hurrican Mitigation Retrofit Manual (Based on 533.844 F.S)

_____
Signature

STATE OF FLORIDA, COUNTY OF ORANGE, Sworn to(or affirmed) and subscribed before me this _____ day of_____, 20_____

Personally Known_____ or Produced ID _____

_____
Notary Public Signature

My Commission Expires: _____

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

Revised 6/16/16