



# REROOF AFFIDAVIT

## BUILDING DIVISION

Community Development Department  
 1776 Independence Lane, Maitland, FL 32751  
 Phone: (407) 539-6150 Fax: (407) 539-6275 www.itsmymaitland.com  
 Email: DigitalPlan@itsmymaitland.com

### I. Identification

Permit Number: \_\_\_\_\_ Job Site Address: \_\_\_\_\_  
 Contractor Business Name: \_\_\_\_\_  
 Contractor Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contractor Telephone: \_\_\_\_\_ Contractor Email: \_\_\_\_\_  
 Licensee Name: \_\_\_\_\_ License Number: \_\_\_\_\_

### II. Work

Roof Decking: Repair/Replaced  Percentage of Total Roof Deck Effected: \_\_\_\_\_ %  
 Water Barrier: Mfr., Part No., & FPA No. \_\_\_\_\_  
 Fastened by \_\_\_\_\_  
 Roof Covering: Mfr., Part No., & FPA No. \_\_\_\_\_  
 Fastened by \_\_\_\_\_

### III. Affirmation

I, \_\_\_\_\_ (Licensee) have personally performed or supervised the securing of the roof decking and installation of the above approved and all materials supplied, and further, attest that all such work was performed in strict accord with the requirements as set forth by: F.S. 553.884 Windstorm Loss Mitigation adopted as of this date, F.S. 553.73 Florida Building Code in effect at the time of permit issuance, the building materials Manufacturer's Installation Instructions, and proper engineering and workmanship practices.

\_\_\_\_\_  
Printed Name of Licensee

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date

#### STATE OF FLORIDA, COUNTY OF ORANGE,

The foregoing instrument was acknowledged before me by means of  physical presence  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_  
 (Name of Person Making Statement)

(Seal)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type or Stamp Name of Notary

Personally Known: \_\_\_\_\_  
OR Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

**COMPLETED DOCUMENT TO BE AT WORK SITE FOR FINAL INSPECTION**