



# TOWN OF LOXAHATCHEE GROVES

## Building Department Inspection Affidavit – Re-roof (Revised May 2, 2018)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

(PRINT)

JOB ADDRESS: \_\_\_\_\_

LICENSE TYPE: FS 489 Licensed Contractor  
(Circle Type) FS 471 Licensed Architect  
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.**