# City of Inverness

Community Development Department
212 West Main Street • Inverness • Florida 34450
(352)726-3401 • DDS@inverness.gov

## INSPECTION AFFIDAVIT – WATER BARRIER / SHEATHING FASTENERS

PERMIT # _____ DATE:_____

I, _____, licensed as a ☐ Contractor*, ☐ Engineer, ☐ Architect, on or about _____ , _____20_____ @ _____ am / pm, hereby swear and affirm that I did personally inspect the Roof Deck Nailing and Secondary Water Barrier. Based upon that examination, I have determined the original installation / remedial work was done according to the Hurricane Mitigation Retrofit Manual (Based on F.S. 553.844).

Person Verifying Installation:

Signature: _____ Date: _____

Company / Contractor Name: _____

License Type and Number: _____

## A FINAL ROOFING INSPECTION IS REQUIRED

This signed and notarized affirmation must be submitted to the Building Department prior to scheduling the final inspection along with digital color photographs of each plane of the roof with the permit number or address number clearly marked on the deck or photograph of each inspection. The photographs must include a ruler or measuring device to confirm nail spacing and overlaps including drip edge and valley flashing. Required photos:

☐ Roof Deck Nailing ☐ Eave Drip Nailing ☐ Valley Flashing ☐ Dry-in material installed
☐ Legible Building Permit ☐ Roof Repairs ☐ Front of house

State of Florida:

County of Citrus:

Sworn to and subscribed before this _____ day of _____ 20 _____ by _____Who is personally known to me or produced identification; identification provided: _____.

(seal)

*A general, building or residential contractor after 1973 shall not act as or hold him or herself to advertise him or herself to be a roofing contractor unless he or she is a certified or licensed as a roofing contractor.

The contractor installing the subject roof, can not verify their own work. There will be no exceptions.