



**City of Belleair Bluffs**

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**RE-ROOF INSPECTION AFFIDAVIT**

Permit Number: \_\_\_\_\_



**F.S. 837.06 False official statements: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.**

Date: \_\_\_\_\_

I, \_\_\_\_\_, am duly licensed by the State of Florida as a:  
Print Name  
Contractor\*                      Engineer/Architect                      F.S. 468 Building Inspector

I hereby affirm that on \_\_\_\_\_ at \_\_\_\_\_, I did personally inspect the:  
Date                      Time

Roof deck nailing and secondary water barrier. (May be certified by an Architect, Engineer, Contractor\* or Building Inspector\*\*.) Attach clear pictures of the underlayment, nailing pattern and the drip edge, verifying proper code is followed.

Additional metal connectors, clip strap fasteners and additional structural elements. (May be certified by an Architect, Engineer, Contractor\* or Building Inspector\*\*.) Required in addition to the above statement for Wind borne Debris Region with a value greater than \$300,000.)

for the work located at \_\_\_\_\_.

Based upon that examination, I have determined that the installation was completed according to the Hurricane Mitigation Retrofit Manual (based on F.S. 553.844).

\_\_\_\_\_  
Signature

State of Florida

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of \_\_\_physical presence or \_\_\_ online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

\*General, Building, Residential, or Roofing Contractor (Note: Roofing Contractor *shall* not use metal connectors, clips strap fasteners and additional structural elements per F.S. 468 & 553.844.)

\*\* Any individual certified under 468 F.S. to make such an inspection.