



***ROOF SHEATHING AND RE-NAIL AFFIDAVIT
(PHOTOS ARE RECOMMENDED WITH AFFIDAVIT)***

Job Address:
Permit #
Company Name:
Address:
Name of Qualifier:
License #:

I, _____, do hereby affirm:

That I have personally inspected the Roof Sheathing and Re-nail of the sheathing and further state that any rotten wood was replaced and is in conformance with the Florida Building Code 2010 supplements.

I fully understand that if any violations are discovered, the Building Department may file and action against my certification with the appropriate licensing board.

I agree to indemnify and hold harmless the _____ from any and all claims, judgments, cost, liabilities, damages and expenses including reasonable attorney's fees whatsoever arising in connection with the missed inspection.

QUALIFIER/CONTRACTOR SIGNATURE _____

Date

_____, having first been duly sworn does affirm the statement above to be true and correct by his/her own personal knowledge and who is personally known to me or has produced _____ as identification.

My Commission Expires: _____

Signature of Notary Public

SEAL

Name of Notary Public