



CITY OF FORT WALTON BEACH

Growth Management Department

Inspections • Building • Planning

105 Miracle Strip Pkwy SW • Fort Walton Beach, FL 32548

850.833.9605 / 9927 www.fwb.org

Roofing Affidavit

Permit # _____

Inspection Affidavit Re-roof

I _____ licensed as a(n): Contractor/ Engineer/ Architect/ or
(please print name and check License Type) FS 468 Building Inspector

License # _____

On or about _____ did personally inspect the roof deck nailing
(Date & time)

and/or secondary water barrier work at _____
(circle one or both) (Job Site Address)

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

Note: If house is in the windborne debris area and valued at \$300,000 or more, an additional affidavit from a structural contractor, engineer, or architect is required.

Signature

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was sworn to (or affirmed), subscribed, and acknowledged before me by means of _____ physical presence or _____ online notarization, by _____ (name of person making statement), who _____ is personally known to me or _____ has produced _____ (type of identification) as identification

Notary Signature: _____ Seal: _____

Name (print): _____

General, Building, Residential, or Roofing Contractor or any individual certified under 468 F.S. to make such an inspection. Include photographs of the roof with the permit # or address clearly shown marked on the deck for each type of inspection. This form must be on file at the Building Department prior to calling for a Final inspection