



CITY OF DELTONA
BUILDING AND ENFORCEMENT SERVICES
 2345 Providence Blvd
 Deltona, Florida 32725
 Ph (386) 878-8650 Fx (386) 878-8651
 www.deltonafl.gov

Re-Roof Inspection Affidavit

This affidavit must be signed and inspected by the licensed individual as stated below. Site workers are **not** authorized to do the inspection and fill in the time and date.

Incomplete and/or incorrect Affidavits will fail the inspection(s).

Affidavit must be provided at the job-site prior to final inspection

Permit # _____

DATE: _____

I _____, licensed as a(n) Contractor* /Engineer/Architect, FS 468 Building Inspector*
 (please print name clearly) (must circle license type)

License #; _____

I did personally inspect the **Roof deck nailing on:** _____,
(Date & time)

I did personally inspect the **Flashing/Dry-in on:** _____,
(Date & time)

work at: _____,
(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.)

Underlayment SHALL be in compliance with R905.2.7

 Signature

* General, Building, Residential, or Roofing Contractor, or any individual certified under 468 F.S. to make such an inspection.

STATE OF FLORIDA, COUNTY OF _____	
Affirmed and subscribed before me this ____ day of _____ 20__ by _____ who is personally known to me or who has produced _____ (type of ID) identification.	
_____ Signature of Notary Public State of Florida	
_____ Print, Type or Stamp Name of Notary	(SEAL)