



**CITY OF FRUITLAND PARK  
COMMUNITY DEVELOPMENT DEPARTMENT**

506 WEST BERCKMAN STREET

FRUITLAND PARK, FL 34731

**PHONE:** (352) 360-6727 **FAX:** (352) 360-6652

**EMAIL:** [permits@fruitlandpark.org](mailto:permits@fruitlandpark.org)

**Affidavit MUST be emailed to [permits@fruitlandpark.org](mailto:permits@fruitlandpark.org) upon requesting final Inspection.**

**ROOFING INSPECTION AFFIDAVIT**

Permit # \_\_\_\_\_

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

I, \_\_\_\_\_, licensed as a(n)

Contractor\* ☐ Engineer ☐ Architect ☐ Building Inspector ☐

(Select license type above)

did personally inspect the roof deck nailing and secondary water barrier work at

\_\_\_\_\_ on or about \_\_\_\_\_.

(Physical Address)

(Date & Time)

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(License Number)

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By \_\_\_\_\_.

Notary Public, State of Florida

\_\_\_\_\_  
Sign

Notary Stamp

Personally Known \_\_\_\_\_ Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

\*General, Building, Residential, or Roofing Contractor or any individual certified under 489 F.S. to make such an inspection.