

ROOF NAIL-OFF AFFIDAVIT

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

I, \_\_\_\_\_, licensed as a

(Please print name and check type of license)

\_\_\_\_ Contractor\*      \_\_\_\_ Engineer      \_\_\_\_ Architect

\_\_\_\_ F.S. 468 Building Inspector, License Number: \_\_\_\_\_

On or about, \_\_\_\_\_ I did personally inspect the roof deck nailing and

(Date)

(Time)

Secondary water barrier work at \_\_\_\_\_

(Job Address)

Based upon the examination, I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on F.S. 53.8440).

The sealed roof deck option used (check one):

\_\_\_\_ Self-adhering membrane      \_\_\_\_ Flashing tape at sheathing joints      \_\_\_\_ 2 layers of underlayment

\_\_\_\_\_  
Contractor/Engineer/Architect/Building Inspector

STATE OF FLORIDA

COUNTY OF BREVARD

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

By \_\_\_\_\_

\_\_\_\_\_

(Notary Signature)

Notary Public, State of Florida

Commission Number: \_\_\_\_\_

Personally known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

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

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