



**CITY OF DELTONA
BUILDING AND ZONING SERVICES
2345 Providence Blvd
Deltona, FL 32725
Ph (386) 878-8650**

RE: Permit # _____

DATE: _____

Inspection Affidavit

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

License #: _____ On or about _____
(Date & time)

I did personally inspect the Roof deck nailing and/or secondary water barrier
(circle one)

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.)

Signature

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)

Affidavit must be approved by Building Official prior to beginning work.

Cy Butts- Building Official

_____/_____/_____
Date

Approved _____ **Not Approved**

* General, Building, Residential, or Roofing Contractor or any individual certified under 468 F.S. to make such an inspection. Include photographs of each plane of the roof with the permit # or address # clearly shown marked on the deck for each inspection.