



Building Department

2650 N. Dixie Freeway
New Smyrna Beach, Florida 32168
Phone: (386) 410-2800
Fax: (386) 410-2805
www.cityofnsb.com

Roofing Inspection Affidavit

Permit #: _____
Revised 12/28/2015

I _____ licensed as a(n) _____ Please Select One

On or about _____ I personally inspected the _____

Contractor
 Engineer
 Architect
 FS 468 Building Inspector

roof deck nailing *(required to be performed by City Inspector)
 secondary water barrier* (required to be performed by City Inspector)
 roof to wall connections** (required to be performed by City Inspector)
 final roof inspection *

- * General, Building, Residential, Roofing Contractor or any individual certified under 468 FS to make such an inspection
- ** General, Building, Residential Contractor or any individual certified under 468 FS to make such a inspection

Job Address: _____

I have determined the installation as identified is in accordance to all laws, rules, and codes in effect at the time of Permit Application.

Print Name	Signature	License Number
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State of Florida
County of Volusia

Sworn to and subscribed before me this _____ day of _____, 20 _____
By _____

Signature Public Notary, State of Florida

Personally know _____ or
Produced Identification _____ Type of Identification Produced: _____

THE ROOFING INSPECTION AFFIDAVIT IS IN NOT INTENDED TO BE IN PLACE OF REQUIRED INSPECTIONS.