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 08/08/2018

I _____ licensed as a(n)

Please Select One
- □ Contractor
- □ Engineer
- □ Architect
- □ FS 468 Building Inspector

On or about _____ I personally inspected the

- □ roof deck nailing with pictures *

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

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.