



City of Fellsmere
 22 S. Orange Street
 Fellsmere, FL 32948
 (772) 571-9077 Phone
 (772) 646-6355 Fax
 (855) 445-7630 Inspection Line
www.cityoffellsmere.org

ROOF INSPECTION AFFIDAVIT

Permit #: _____

Name: _____ License #: _____

License Type: Contractor* Engineer
 Architect F.S. 68 Building Inspector*

I personally inspected the roof decking nailing secondary water barrier
 work at the below address on the listed date and time. Based upon that examination, I have determined
 the installation was completed according to the Hurricane Mitigation Retrofit Manual (based on F.S.
 553.844.)

Address: _____

Date of Inspection: _____ Approx Time of Inspection: _____ AM / PM

Signature of License Holder: _____

STATE OF FLORIDA
 COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____
 by means of _____ physical presence or _____ online notarization who is personally known to me or
 has produced _____ as identification.

 Print Name

 Signature

*General, building, residential, roofing contractor or any individual certified under F.S. 468 to make such an inspection. Include photographs of each plane of the roof with the permit number or address number clearly shown marked on the deck for each inspection.