



City of Fellsmere Building Department
 22 S. Orange Street
 Fellsmere, Florida 32948
 (772) 646-6319

**AFFIDAVIT FOR ROOF SHEATHING
 RE-NAIL ON EXISTING BUILDING**

**SUBMIT FORM & PHOTOS TO
 permits@cityoffellsmere.com**

Permit #: _____

Name: _____ License #: _____

License Type: Contractor** Engineer
 Architect F.S. 468 Part XII 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 Part XII shall include photos of each plane of the roof with the permit number clearly marked on the roof deck for each inspection. This form does not release the contractor from any required inspections unless stated otherwise by the Building Official or the Building Inspector. The Building Official or Building Inspector may still require additional proof from the contractor that the work meets required building code.