



City of PALM COAST

Community Development Department
Building Services Division

160 Lake Avenue
Palm Coast, FL 32164
386-986-3780

ROOF DECK NAILING / SECONDARY WATER BARRIER INSPECTION AFFIDAVIT

(FOR USE WITH CONTRACTOR ISSUED PERMITS ONLY)

PERMIT NUM

DATE

I, _____, LICENSED CONTRACTOR ENGINEER ARCHITECT FS468 BUILDING INSPECTOR
PRINT NAME

LICENSE # _____ ON OR ABOUT _____ DID PERSONALLY INSPECT THE ROOF
DATE

DECK NAILING AND / OR SECONDARY WATER BARRIER WORK LOCATED 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 OF LICENSE HOLDER

STATE OF FLORIDA
COUNTY OF FLAGLER

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME, BY MEANS OF PHYSICAL PRESENCE OR ONLINE NOTARIZATION,

THIS _____ DAY OF _____, _____, BY _____ AS
YEAR NAME OF LICENSE HOLDER

_____ FOR _____
ENGINEER /ARCHITECT /LICENSED CONTRACTOR /F.S. 469 BUILDING INSPECTOR NAME OF LICENSE HOLDER

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION _____

SIGNATURE OF NOTARY PUBLIC STATE OF FLORIDA

PRINT, TYPE OR STAMPED COMMISSIONED NAME OF NOTARY PUBLIC

RETURN TO BUILDINGDIVISION@PALMCOASTGOV.COM

*GENERAL, BUILDING, RESIDENTIAL OR ROOFING CONTRACTOR OR ANY INDIVIDUAL CERTIFIED UNDER 468 F.S. TO MAKE AN INSPECTION.

