



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	
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DATE	
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I, _____, LICENSED CONTRACTOR ENGINEER ARCHITECT FS 468 BUILDING INSPECTOR
PRINT NAME CHOOSE ONE

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

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

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ IN THE YEAR _____

BY _____ PERSONALLY KNOWN _____ OR PRODUCED ID _____
NAME OF AFFIANT

TYPE OF IDENTIFICATION: _____

NOTARY PUBLIC SIGNATURE

Return to buildingdivision@palmcoastgov.com

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

