



Roof Inspection Affidavit

This form may be completed by an Engineer / Architect, CGC, CBC, CRC, CCC, Building Inspector (licensed under FSS 468) or Owner/Builder.

Permit # _____

Date _____

I _____, License # _____
(Please print name) (Put N/A if Owner/builder)

hereby certify that based on my examination on _____, the roof deck nailing
(Date and time)

and secondary water barrier for the work located at:

(Job Site Address)

was installed according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S. Subparagraphs 2 (b) 2 and 4).

1. Does building have an insured value of \$300,000? Yes ___ No ___ (If yes, mark #2 below)

If so, the roof-to-wall connections **must** be incorporated using the techniques specified in 553.844 F.S. Subparagraph (2)(b)3, if roof can be retrofitted for 15% or less than the cost of roof replacement.

2. Can roof-to-wall connections be retrofitted for 15% or less than the cost of roof? Yes ___ No ___

Under penalties of perjury, I declare that I have read the foregoing Inspection Affidavit and that the facts stated in it are true.

Signature

Place Seal
Here

This form must be received by the Village of Estero Building and Permitting Services office prior to requesting the 503 final roof inspection.

You may fax this form to (239) 319-2235, email to permitting@estero-fl.gov, or mail to 9401 Corkscrew Palms Cir, Estero, FL 33928 or deliver to our office at the same address between 8:00 AM and 5:00 PM Monday - Friday. If you have any questions please call (239) 221-5036.

