



**City of Indian Harbour Beach
BUILDING DEPARTMENT**

2055 South Patrick Drive
Indian Harbour Beach, FL 32937
Phone (321) 773-3181 Fax (321) 773-5050

Permit No. _____

Roofing Compliance Affidavit

I _____, licensed as a(n) Contractor*
(please print name and circle License Type) Engineer/Architect* FS 468 Building Inspector*

License #: _____ On or about
_____, I did personally inspect:
(Date & time)

(check all that apply)

roof deck nailing _____

secondary water barrier _____ work at _____
(Job Site Address)

Based upon that examination I _____

Signature / Date

General, Building, Residential, or Roofing Contractor or any individual certified under 468 F.S.
to make such an inspection.

State of Florida County of Brevard

Sworn to (or affirmed) and subscribed before me via _____ physical presence or _____ online notarizations
this _____ day of _____, 20____ By _____ Personally known _____ or Produced
Identification _____ Type of Identification produced _____

Notary's Signature

Printed Name of Notary

My Commission Expires _____

SEAL: