



**CITY OF APOPKA
BUILDING DIVISION**

407-703-1713 Phone -- 407-703-1791 Fax -- 407-703-1815 Automated Inspection Line

HURRICANE MITIGATION RE-ROOF INSPECTION AFFIDAVIT

COMPANY:		LICENSE NO.:	
PROJECT INFORMATION			
SUBDIVISION:			
Street Address:	City: APOPKA	State: FLORIDA	Zip:
PERMIT NUMBER:			LOT:

I, _____, as the:

(Print Name)

Licensed Contractor*

Homeowner

Architect/Engineer

F.S. 468 Building Official/Building Inspector*

(Circle one)

License No.: _____

On or about the _____ day of _____, 20____, I did personally inspect the roof deck nailing and secondary water barrier for the work done at the above referenced address/lot. Based upon my examination I have determined that the installation was done in accordance with the hurricane mitigation retrofit pursuant to Florida Statute 553.844.

Signature

State of Florida
County of _____

Sworn to and subscribed before me this the _____ day of _____, 20____, by _____ who is personally known to me or has produced identification _____.

Notary Public

Seal:

Print Name

*General, building, residential, or roofing contractor or any individual certified under 468 F.S. to make such an inspection.