



Alachua County
Department of Growth Management
 10 SW 2nd Ave., Gainesville, FL 32601
<http://growth-management.alachuacounty.us>

Submit to: **Building Division**
 building@alachuacounty.us
 Tel. 352.374.5243
 Fax. 352.491.4510

INSPECTION AFFIDAVIT

RE: Permit # _____ Jobsite Address: _____

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

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

inspect the *roof deck nailing and/or* *secondary water barrier* work at _____,
(Job Site Address)

Roof Deck: OSB _____ Thickness _____ Plywood _____ Thickness _____

Replaced any rotten wood per FBEC 611 and added crickets or saddles on ridge side of any chimney over 30 inches in width per FRBC 905.2.8.3.
 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 Contractor, Contractor designee or FS 468 Building Inspector

STATE OF FLORIDA
 COUNTY OF ALACHUA

SWORN AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____, 2_____

BY _____

WHO IS/ARE PERSONALLY KNOWN TO ME OR HAS/HAVE PRODUCED AS IDENTIFICATION

 (TYPE OF IDENTIFICATION)

(SEAL ABOVE)

 Notary Public, Commission No. _____
 (Name of Notary typed, printed, or stamped)

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