



Development Department
121 SW Flagler Avenue
Stuart, FL 34994
Tel. 772-288-5345
Fax 772-288-5388

INSPECTION AFFIDAVIT

RE: Permit # _____

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)

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

STATE OF FLORIDA SWORN AND SUBSCRIBED BEFORE ME

COUNTY OF MARTIN 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.