



Planning & Development Department
100 S. Myrtle Avenue, Suite 210
Clearwater, FL 33756
Telephone: (727) 562-4567 Fax: (727) 562-4576
www.myclearwater.com

Inspection Affidavit

General, Building, Residential or Roofing Contractors or any individual certified under Florida State Statue 468 to make such an inspection. Include PHOTOGRAPHS of each plane of the roof (sheathing and dry in / base sheet) with the permit# or address clearly marked with SPRAY PAINT on the deck of each inspection.

Permit Number - BCP _____ - _____

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

License #: _____

On or about _____, I did personally inspect the roof deck nailing and
(Date & Time)

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

Based upon that examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Base on 533.844 F.S.)

Signature

STATE OF FLORIDA
COUNTY OF PINELLAS

Sworn to and subscribed before me this _____ day of _____, 201____
By _____

Notary Public, State of Florida

(Print, type or stamp name)

Commission No.: _____

Personally known ___ or Produced Identification ___
Type of identification produced _____