



CITY OF PANAMA CITY BEACH

Building and Planning Department

ROOF INSPECTION AFFIDAVIT

Date: _____

Master Permit #: _____

JOB ADDRESS: _____

Zip Code: _____ Unit #: _____

I _____, licensed as a (an)
(print name)

Homeowner Contractor* Engineer Architect FS 468 Building Inspector*

**Only General, Building, Residential or Roofing Contractors, or any individual certified under Ch. 468 Fla. Stat. as Building Inspector shall make such an inspection.*

License Number: _____,

on or about _____, will personally inspect the roof deck nailing work at
DATE & TIME

_____ and _____
(Job Site Address) (Parcel ID Number)

I will affirm the installation will be done according to Chapter 15 of the 2017 Florida Building Code and Chapters 8 & 9 of the 2017 FBC, Residential.

X _____
Signature of Applicant

by (Print Name) _____

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me

Notary
Name/Seal _____

this _____ day of _____ 20 _____,

Personally known or I.D. _____