

PANAMA CITY BEACH
BUILDING AND PLANNING DEPARTMENT
110 S. Arnold Road, Panama City Beach, FL 32413
850-233-5100 Fax: 850-233-5049

ROOF INSPECTION AFFIDAVIT

Permit# _____

I _____, the Homeowner, Licensed Contractor*/Engineer/Architect, or FS 468 Building Inspector* (Please print name and circle Lic. Type)

License# _____

On or about _____, I 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 2010 Florida Building Code and Chapters 8&9 of the FBC, Residential.

Signature

STATE OF FLORIDA
COUNTY OF _____

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 _____

*Only General, Building, Residential or Roofing Contractors, or any individual certified under 468 F.S. as Building Inspector.