

**TOWN OF INDIAN RIVER SHORES
BUILDING DEPARTMENT
ROOF SHEATHING CERTIFICATION INSPECTION AFFIDAVIT**
(Approval to use this form is at the discretion of the Building Official)

Permit# _____ Job Site Address _____

I, _____, licensed as: (check one)
Contractor** _____
Engineer _____
License# _____ Architect _____
FS 468 Bldg Inspector** _____

On or about _____, did personally inspect the following items on this roof: (date & time)

The Roof Deck Fastening-

I hereby certify the roof deck fastening is done in accordance with: (check one)

- Florida Existing Building Code Table 611.7.1.2 _____
- Roof material's Miami Dade N.O.A. _____
- Roof material's Florida Product Approval _____

(Qualifier's Signature) (Print Name)

STATE OF: _____
COUNTY OF: _____

Sworn to and subscribed before me this _____ day of _____ 20__

by _____.

Notary Public, State of Florida

(Print, type or stamp name)

Commission No: _____

Personally Known _____
Produced Identification _____ Type of identification produced _____

Roofing contractor or any individual certified in accordance with FS 468 to make such inspection.