

CITRUS COUNTY BUILDING DIVISION

INSPECTION AFFIDAVIT – ROOF TO WALL CONNECTIONS

RE: Permit # _____

Date: _____

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 _____
(Date & Time)

wall to roof connections _____ 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
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 200__

By _____.

Notary Public, State of Florida

(Print, type or stamp name)

Commission No.: _____

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

- General, Building, Residential, or any individual certified under 486 F.S to make such an inspection. Include photographs of each plane of the roof with the permit # or address # clearly shown marked on the deck for inspection.