



Community Development Department Building Construction Division

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"To exceed expectations in the delivery of public services" Roof/Re-Roof Hurricane Mitigation Retrofit Inspection Affidavit

For Office Use Only

Permit Number _____

20 _____
Application Date

CSR Initials _____

**This completed affidavit must be on-site at the time of final inspection.
If this affidavit is not available, your final inspection will be failed with a fee.**

Permit # _____

Job Address: _____

I, _____, am licensed as a Contractor*, Engineer,
 Architect, F.S. 468 Building inspector*. License #: _____

*General, building, Residential, or Roofing Contractor or any individual certified under F.S. 468 to make such an inspection.

I am the home owner

On or about (date & time) _____, I did personally inspect the work at the above address

Roof Deck Nailing, Roof to Wall Connections

Based upon that examination, I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on F.S. 553.844).

Signature

State of Florida, County of Charlotte

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this ____ day of _____ 20____, by _____ who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

Signature of Notary

Notary's Printed Name

Commission Number

Seal