



Community Development

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www.CharlotteCountyFL.gov

"To exceed expectations in the delivery of public services"

For Office Use

Permit No.

Application Date

CSR

Roof/Re-Roof Hurricane Mitigation Retrofit Inspection Affidavit

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

☐ Roof Deck Nailing, ☐ Roof to Wall Connections work at the above address.

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 _____

The foregoing instrument was acknowledged before me 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