



For re-roofs on site built homes built prior to March 1, 2002

Bay County Builders' Services

Inspection Affidavit for Nailing & Water Barrier

Permit # _____

I, _____, licensed Contractor*/Engineer/Architect/or Building Inspector*

(please print name and circle license type)

License #: _____

I will personally inspect the roof deck nailing & water barrier work at

(Job Site Address)

and _____

(Parcel ID Number)

I affirm the installation will be done according to the Florida Existing Building Code and the shingles and other materials used are installed in accordance with the Manufacturer's installation instruction. **Please note** that you should check with your insurance provider as to what they will require for insurance discounts prior to method chosen for water barrier.

Signature

STATE OF FLORIDA
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 _____ or
Produced Identification _____
Type of identification produced. _____

* Only General, Building, Residential, or Roofing Contractors, or any individual certified under Florida Statute 468 as a Building Inspector.