



CITY OF BELLEVIEW

City with Small Town Charm

www.belleviewfl.org

Development Services

5525 SE 119th St.
Belleview, FL 34420
Office: 352-245-7021
Email: DSStaff@belleviewfl.org

Inspection Affidavit

Permit# _____

I _____, licensed as a(n)
(please print name and circle license type)

Contractor*/Engineer/Architect. FS 468 Building Inspector*

License #: _____

On or about _____, I did personally inspect the roof
(date & time)

deck nailning and/or secondary water barrier work at _____
(job site address)

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

Signature

STATE OF _____
COUNTY OF _____

Sworn to and subscribed to 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.

(seal)

Notary Public-State of Florida

*General, Building, Residential, or Roofing Contractor or any individual certified under §468 F.S. to make such an inspection. Include photographs of each plane of the roof with the permit # clearly shown marked on the deck for each inspection.