

CITY OF TREASURE ISLAND
COMMUNITY IMPROVEMENT DEPARTMENT
120 - 108th Avenue, Treasure Island, FL 33706
Phone (727) 547-4575 Fax (727) 547-4584
www.mytreasureisland.org

INSPECTION AFFIDAVIT

RE: Permit # _____

I, _____, licensed as a(n) Contractor*/Engineer/Architect,
(Please print name and circle license type) FS 468 Building Inspector*

License #: _____

On _____, I did personally inspect the roof,
(Date and time)
deck nailing and/or secondary water barrier work at _____
(Job site address)

Being appropriately licensed to conduct this work and based upon the examination of such work, I have determined that the installation was done according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.)

Signature of Affiant

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)

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

*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 # or address # clearly shown marked on the deck for each inspection.