

CITY OF EDGEWATER
BUILDING DEPARTMENT
104 North Riverside Drive
Edgewater, Florida 32132

Phone: (386) 424-2400 X 1514

FAX: (386) 424-2423



NAILING INSPECTION AFFIDAVIT

FOR LICENSED ROOFING CONTRACTORS ONLY

Permit Number	Project	Address
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I _____, the qualifier and a licensed roofing contractor, license # _____, on this date _____, has personally inspected the roof deck nailing at the address stated above.

Based upon that examination I have determined the existing nailing and / or the supplemental nailing has been installed in accordance with the Florida Building Code.

Signature	Print Name
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STATE OF FLORIDA
COUNTY OF VOLUSIA, to wit:

Subscribed and sworn before me this _____ day of _____, 20____ by means of physical presence or online notarization, and who is personally known to me or produced the following identification _____.

Notary Public

SEAL