



Citrus County Building Division
 3600 W Sovereign Path, Suite 111
 Lecanto, FL 34461
 Ph: 352-527-5310
 Email: permit@citrusbocc.com

Permit No.: _____

Date: _____

INSPECTION AFFIDAVIT – WATER BARRIER/SHEATHING FASTENERS

1 I, _____, Owner/Builder,

OR

2 I, _____, License # _____,

licensed as a(n) Contractor/Engineer/Architect, Florida Statute § 468* - Building Inspector,
 on or about _____ at _____ AM/PM, did personally inspect the roof deck
 nailing and secondary water barrier at _____

_____. Based upon that examination, I have determined the original installation/remedial
 work was done according to the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.).

Signature of **1** Owner/Builder **OR** **2** Contractor/Engineer/Architect

 Printed Name

STATE OF FLORIDA
 COUNTY OF CITRUS

SWORN TO AND SUBSCRIBED before me this _____ day of _____,
 _____, by _____, who is personally known to me or who has
 produced _____ as identification.

 Notary Public, State of Florida

[Notarial Seal]

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