

**CITRUS COUNTY BUILDING DIVISION**

**INSPECTION AFFIDAVIT – ROOF TO WALL CONNECTIONS**

RE: Permit # \_\_\_\_\_

Date: \_\_\_\_\_

I \_\_\_\_\_, licensed as a (n) Contractor\* /Engineer/Architect,  
(please print name and circle lic. Type) FS 468 Building Inspector\*

License #: \_\_\_\_\_

On or about \_\_\_\_\_, I did personally inspect the \_\_\_\_\_  
(Date & Time)

\_\_\_\_\_ wall to roof connections \_\_\_\_\_ at \_\_\_\_\_,  
(Job Site Address)

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

\_\_\_\_\_  
Signature

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_

By \_\_\_\_\_.

Notary Public, State of Florida

\_\_\_\_\_  
(Print, type or stamp name)

Commission No.: \_\_\_\_\_

Personally known \_\_\_\_\_ or  
Produced Identification \_\_\_\_\_  
Type of identification produced. \_\_\_\_\_

- General, Building, Residential, or any individual certified under 486 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 inspection.