



Community Development Department Building Construction Division

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"Delivering Exceptional Service"

Roof/Re-Roof Hurricane Mitigation Retrofit Inspection Affidavit

For Office Use Only

Permit Number _____

20 _____
Application Date

CSR Initials _____

**This completed affidavit must be on-site at the time of final inspection.
If this affidavit is not available, your final inspection will be failed with a fee.**

Permit # _____

Job Address: _____

I, _____, am licensed as a Contractor, Engineer,

Architect, F.S. 468 Building inspector. License #: _____

Owner/Builder.

Affirm and certify that the roof deck nailing, secondary water barrier and roof to wall connection (if applicable) will be completed in compliance with F.S.553.844 and the Florida Building Code.

Under penalties of perjury, I declare that I have read the foregoing Inspection Affidavit and that stated in it are true.

Signature _____

Date _____