

ROOF INSPECTION AFFIDAVIT

City of New Port Richey, Florida • Community Development Department
5919 Main Street • New Port Richey, FL 34652 • 727-853-1047 • www.cityofnewportrichey.org

*Please complete **ALL** sections of this affidavit.
Incomplete applications will be returned to the contractor of record.*

Date Received

PERMIT NUMBER _____

Applicant's Affidavit

I, the licensed individual listed below, did examine the roof deck nailing and/or secondary water barrier work located at the address below. Based upon that examination, I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (FS 553.844)

I the undersigned, being a General, Building, Residential, Roofing Contractor or any individual certified under Chapter 468 of the Florida Statutes, do hereby affirm that all information on this for is true and correct.

1. APPLICANT INFORMATION				
Company Name		Phone		
Company Address	City	State	Zip	
Qualifier's Name	State License No.	Pasco County BTR No. (Occupational)		
Qualifier's Email Address				
2. JOB INFORMATION				
Job Address	City	County	State	Zip
Tax Parcel No./Legal Description		FEMA Flood Zone(s)	Base Flood Elevation (BFE)	
Date & Time of Inspection		Description of Work		
Amount of Decking replaced				

Signature of Contractor

Sworn to and subscribed before me
by _____

this _____ day of _____
20____.

Personally Known OR Produced Identification

Type of Identification

NOTARY STAMP