



CITY OF  
**SEBASTIAN**  
HOME OF PELICAN ISLAND  
BUILDING DEPARTMENT  
1225 MAIN STREET • SEBASTIAN, FLORIDA 32958  
TELEPHONE: (772) 589-5537 • FAX (772) 589-2566

Permit No. \_\_\_\_\_

Tracking No. \_\_\_\_\_

## Re-roof Inspection Affidavit

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

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

On or about \_\_\_\_\_, I did personally inspect:  
(Date & time)

*(check all that apply)*

roof deck nailing \_\_\_\_\_

secondary water barrier \_\_\_\_\_

work 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.) **I understand that this affidavit is in addition to the required inspections to be performed by the City of Sebastian Building Department.**

\_\_\_\_\_  
Signature

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

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

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 Roofing Contractor or any individual certified under 468 F.S. to make such an inspection
- **Provide this form, executed by the proper individual, to the Jobsite Inspector at the required jobsite inspection. Send a copy by mail or fax to the Sebastian Building Department.**

“An Equal Opportunity Employer”  
Celebrating Our 75th Anniversary