



CITY OF ST. AUGUSTINE
PLANNING & BUILDING DEPARTMENT

Hurricane Damage Mitigation Provisions (HB 7057)
Roofing Inspection Affidavit

I, _____, duly licensed by the State of Florida under
 Florida Statute 468, Building Inspector Florida Statute 471, Engineer
 Florida Statute 481, Architect Florida Statute 489, Contractor

hereby affirm that on _____, 20____, I personally inspected
(Date & time)
installation of the following roofing and structural retrofit components required pursuant to F.S.
553.844 and Rule 9B-3.0475 FAC.

(Job Site Address)

Based upon my inspection I have determined the installation was completed in compliance with
the provisions of the **Hurricane Mitigation Retrofit Requirements pursuant to 553.844 F.S.)**

Signature License No. _____

STATE OF FLORIDA
COUNTY OF ST. JOHNS

Sworn to and subscribed before me this _____ day of _____, 20____

By _____
Notary Public, State of Florida (Print, type or stamp name)

Personally known _____ or
Produced Identification _____
Type of identification produced. _____

INCLUDE 2 PHOTOS OF THE SHEETING NAILS WITH TAPE MEASURE, 2 PHOTOS OF THE UNDERLAYMENT SHOWING ATTACHMENTS, 2 PHOTOS OF THE ROOF EDGE NAILS, 2 PHOTOS OF THE FINISHED JOB (1 SHOWING THE ADDRESS). ALL PHOTOS MUST BE INCLUDED OR NOTICE OF FAILURE WILL BE SENT TO THE HOME OWNER.