



**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. \_\_\_\_\_