



# CITY OF PORT ORANGE

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COMMUNITY DEVELOPMENT  
1000 CITY CENTER CIRCLE  
PORT ORANGE, FLORIDA 32129  
TELEPHONE 386-506-5602  
FAX 386-506-5699  
www.Port-Orange.org

## Inspection Affidavit

Permit Number \_\_\_\_\_

I \_\_\_\_\_ licensed as a Contractor/Engineer/Architect /  
(please print name and circle license type) Building Inspector FS468

License number \_\_\_\_\_ on or about \_\_\_\_\_

I did personally inspect the roof deck nailing at \_\_\_\_\_  
(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.)

\_\_\_\_\_  
Signature

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

This foregoing instrument was acknowledged before me by means of [ ] physical presence or [ ]  
online notarization on this \_\_\_\_\_ by \_\_\_\_\_, who  
is personally known to me or who has produced \_\_\_\_\_ as identification and who  
did (did not) take an oath.

\_\_\_\_\_  
Notary Public, Commission No. \_\_\_\_\_

\_\_\_\_\_  
(Name of Notary typed, printed or stamped)

**\* General, Building, Residential, or Roofing Contractor or any individual certified  
under 468 F.S. to make such an inspection.**