



CITY OF CRESTVIEW

GROWTH MANAGEMENT DEPARTMENT

Building Permits & Inspections

P.O. Drawer 1209, Crestview, Florida 32536
Phone (850) 689-1618/1619 Fax (850) 689-4575

SINGLE FAMILY DWELLING RE-ROOF AFFIDAVIT **Existing Dwellings Built Prior to March 1, 2002**

PERMIT # _____

On or about _____, 20____, I _____*, did
personally inspect the *roof deck nailing and secondary water barrier* work at

(Job Site Address)

Based upon that examination I have determined the installation was done in
accordance with the *Florida Building Code, Existing Building*, 611.7.1 and 611.7.2. The
roof deck nailing is at minimum 6” on center. The product installed for the secondary water
barrier method is _____**.

(Signature)

STATE OF FLORIDA
COUNTY OF _____

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

By _____.
Notary Public, State of Florida

(Notary Signature)

(SEAL)

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.
**Include photographs of the roof with the permit # or address clearly shown marked on the deck for each type of inspection.