

CITY OF LYNN HAVEN
Building Department
Phone: (850) 265-2121 X 2135
inspections@cityoflynnhaven.com
buildingdepartment@cityoflynnhaven.com

Roof Inspection Affidavit

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

License Number: _____

On or about _____, I will personally inspect the Roof, Deck Nailing
and/or Secondary Water Barrier work at _____
Job Site Address

Parcel ID # _____

I will affirm the installation will be done according to the Hurricane Mitigation Retrofit
Manual (Based on 553.844 Florida Statue, State of Florida Building Codes, and City of Lynn
Haven building ordinance)

Signature Date

Notary Stamp

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of 20____,

by: _____ (name of person making statement),
who is personally known to me or has produced this type of identification:

Notary Signature: _____ *Print, Type, or Stamp*
Commissioned Name of Notary Public