



THE VILLAGE OF NORTH PALM BEACH
 COMMUNITY DEVELOPMENT DEPARTMENT
 420 U.S. HWY 1 • SUITE 21 • NORTH PALM BEACH, FLORIDA 33408
 PHONE 561.841.3365 • FAX 561.841.8242 • WWW.VILLAGE-NPB.ORG

ROOFING INSPECTION AFFIDAVIT

Master Permit #: _____

I, _____, licensed as an Engineer / Architect,
(Please print name and circle license type)

License #: _____ On or about _____,
(Date)

I did personally inspect the roof deck nailing and/or secondary water barrier

work at _____, North Palm Beach,
(Job 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.)

(Qualifier's Signature) _____
(Qualifier Printed Name)

STATE OF FLORIDA
 COUNTY OF PALM BEACH
 The forgoing instrument was acknowledged before me this _____ day of _____, 20_____,
 by:

 (Name of person making statement)
 Who is personally known to me _____ or has produced identification _____
 Type of Identification produced: _____
 Who did / did not take an oath.

[NOTARY STAMP]

(Signature of Notary)

(Homeowner's Signature) _____
(Homeowner's Printed Name)

STATE OF FLORIDA
 COUNTY OF PALM BEACH
 The forgoing instrument was acknowledged before me this _____ day of _____, 20_____,
 by:

 (Name of person making statement)
 Who is personally known to me _____ or has produced identification _____
 Type of Identification produced: _____
 Who did / did not take an oath.

[NOTARY STAMP]

(Signature of Notary)