



City of Minneola
800 N. US Highway 27
Minneola, FL 34715
minneola@safebuilt.com

RE-ROOF INSPECTION MITIGATION AFFIDAVIT

PERMIT #: _____

I, _____, am duly licensed by the State of Florida as a:
(Print Name)

Check One:

- | | |
|---|-------------------|
| <input type="checkbox"/> Class A Contractor (General) | License No. _____ |
| <input type="checkbox"/> Class B Contractor (Building) | License No. _____ |
| <input type="checkbox"/> Class C Contractor (Residential) | License No. _____ |
| <input type="checkbox"/> Roofing Contractor | License No. _____ |
| <input type="checkbox"/> Professional Engineer | License No. _____ |
| <input type="checkbox"/> Registered Architect | License No. _____ |
| <input type="checkbox"/> Building Inspector | License No. _____ |

I hereby affirm that on _____ at _____, I did personally inspect the:
(Date) (Time)

☐ Roof deck nailing ☐ Secondary water barrier

at the following location: _____; ALT Key: _____.

Based upon that examination, I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (Section 553.844, F.S.) and further that the installation is in accordance with any/all manufacturer's installation instructions.

Attached hereto are photographs, as described below, with the permit number or street address clearly shown, and as marked on the deck for each inspection:

Sheathing - Fasteners shown next to a measuring tape or ruler for each plane of the roof and each 320 sqft

Underlayment - Photos including all of the following: layers of underlayment (or roll roof), drip edge nailing, drip edge sealing, nailing of underlayment, attachment of vent boots or goosenecks, sealing of boots or goosenecks, valley material attachment, step flashing, baby tin, chimney flashing, counterflashing, etc. Photos shall clearly identify the permitted job and show a measuring tape or ruler. Photographs must be adequate to verify the clear open dimension within the vent and the wrap over the top of the stack.

Roofing Attachment - Photos including starter row nailing (on top of roofing cement) and material attachment. All photos shall include a measuring tape or ruler.

Licensed Professionals Signature

Date

State of Florida

County of _____

STATE OF FLORIDA, COUNTY OF _____ Sworn to (or affirmed) and subscribed before me this

_____ day of _____, 20____, by means of _____ physical presence or _____ online notarization who is

_____ personally known to me or has _____ produced _____ as identification.

SEAL:

20210610

Signature of Notary Public