



City of Crescent City

3 NORTH SUMMIT STREET
CRESCENT CITY, FLORIDA 32112-2599

City Hall: (386) 698-2525
Fire: (386) 698-1212
Gas Dept: (386) 698-1486
Water Dept: (386) 698-2525
FAX: (386) 698-3467

Roof Deck Nailing Affidavit

RE: Permit # _____

I _____, licensed as a Contractor* (please print name and circle license type) /Engineer/Architect

License #; _____

(This is to be completed by the person that has signed below after their inspection is complete. This area of the affidavit is to remain blank if notarized at the time of permit issuance.)

On or about (Date) _____ (Time) _____, I did personally inspect the roof deck nailing work at _____

Based upon that examination, I have determined the installation was done according to the current Florida Existing Building Code, sections 606.3.2 & 611.7.1

Signature

STATE OF FLORIDA

COUNTY OF PUTNAM

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

By _____
Notary Public, State of Florida

(Print, type, or stamp name)

Commission No.: _____

Personally known _____ or Produced Identification _____

Type of identification produced: _____

General, Building, Residential or Roofing Contractor.

Roof Underlayment 7 Flashing Affidavit

Re: Permit # _____

I _____, licensed as a Contractor* (please print name and circle license type) /Engineer/Architect,

License #; _____

(This is to be completed by the person that has signed below after their inspection is complete. This area of the affidavit is to remain blank if notarized at the time of permit issuance.)

On or about (Date) _____ (Time) _____, I did personally inspect the roof Underlayment & Flashing work at:

STATE OF FLORIDA

COUNTY OF PUTNAM

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

By _____.

Notary Public, State of Florida

(Print, type, or stamp name)

Commission No.: _____

Personally known _____ or Produced Identification _____

Type of identification produced: _____

General, Building, Residential or Roofing Contractor.