



ROOF INSPECTION AFFIDAVIT

City of New Port Richey, Florida • Community Development Department
 5919 Main Street • New Port Richey, FL 34652 • 727-853-1047 • www.cityofnewportrichey.org

*Please complete **ALL** sections of this affidavit.
 Incomplete applications will be returned to the contractor of record.*

Date Received

PERMIT NUMBER _____

Applicant's Affidavit

I, the licensed individual listed below, did examine the roof deck nailing and/or secondary water barrier work located at the address below. Based upon that examination, I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (FS 553.844)

I the undersigned, being a General, Building, Residential, Roofing Contractor or any individual certified under Chapter 468 of the Florida Statutes, do hereby affirm that all information on this for is true and correct.

1. APPLICANT INFORMATION				
Company Name			Phone	
Company Address	City	State	Zip	
Qualifier's Name	State License No.	Pasco County BTR No. (Occupational)		
Qualifier's Email Address				
2. JOB INFORMATION				
Job Address	City	County	State	Zip
Tax Parcel No./Legal Description	FEMA Flood Zone(s)		Base Flood Elevation (BFE)	
Date & Time of Inspection	Description of Work			
Amount of Decking replaced				

 Signature of Contractor

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me by means of _____ Physical Presence OR Online Notarization

This _____ day of _____, _____ By _____
Date Month Year Name of Person Acknowledging

 Signature of Notary Public – State of Florida

 Name of Notary Typed, Printed, or Stamped

Personally Known OR Produced Identification Type of Identification Produced: _____