

**CITY OF OAK HILL
BUILDING DEPARTMENT**
234 South US Hwy #1
Oak Hill, Florida 32759

Phone: (386) 345-3522

FAX: (386) 345-1834



NAILING INSPECTION AFFIDAVIT

FOR LICENSED ROOFING CONTRACTORS ONLY

| | | |
|---------------|---------|---------|
| Permit Number | Project | Address |
|---------------|---------|---------|

I _____, the qualifier and a licensed roofing contractor, license # _____, on this date _____, has personally inspected the roof deck nailing at the address stated above.

Based upon that examination I have determined the existing nailing, and / or the supplemental nailing has been installed in accordance with the Florida Building Code – Existing Building Section 708.7.1.

| | |
|-----------|------------|
| Signature | Print Name |
|-----------|------------|

STATE OF FLORIDA, COUNTY OF VOLUSIA

Sworn to (or affirmed) and subscribed before me by means of Physical Presence -or- Online Notarization, this ___ day of _____, 20___, by _____.

(Signature of Notary)

Personally Know ___ OR Produced Identification ___ SEAL

Type of Identification Produces _____