



**CITY OF ANNA MARIA**  
**BUILDING DEPARTMENT**

10005 Gulf Drive, P.O. Box 779, Anna Maria, Florida 34216  
Phone (941) 708-6132 Fax (941) 708-6136  
<http://www.cityofannamaria.com>

RE: Permit # \_\_\_\_\_

Date: \_\_\_\_\_

**Re-Roofing Inspection Affidavit**

I, \_\_\_\_\_, licensed as a(n) Contractor\* /Engineer/Architect,  
(please print name and circle Lic. Type) FS 468 Building Inspector\*

License #: \_\_\_\_\_

On or about \_\_\_\_\_, I did personally inspect the roof  
(Date & time)

deck nailing and/or secondary water barrier work at \_\_\_\_\_,  
(circle one) (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.)

\_\_\_\_\_  
Signature

STATE OF FLORIDA  
COUNTY OF

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 200\_\_

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 or any individual certified under 468 F.S. to make such an inspection. Include photographs of each plane of the roof with the permit # or address # clearly shown marked on the deck for each inspection.