



**MARTIN COUNTY BUILDING
DEPARTMENT**
900 SE RUHNKE STREET
STUART, FL 34994
(772) 288-5916
inspections@martin.fl.us
Text: 202-937-0892

RE-ROOF NAILING AFFIDAVIT

Permit Number: _____

I, _____, licensed as a Roofing, General, Building,
 Residential Contractor, Engineer, Architect (Circle one)

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

 (Address of construction)

Based upon that inspection, I attest that the installation was completed in accordance with the current edition of the Florida Building Code, Existing Buildings, Section 706.7.1 and the applicable product approval.

 (Signature)

 (License Number)

STATE OF FLORIDA, COUNTY OF MARTIN

The foregoing instrument was acknowledged before me by means of physical presence
 or online notarization this ___ day of _____, 202__ by

 (Name of person acknowledging)

 (Notary Seal/Stamp)

 Signature of Notary Public

Personally known ___ OR Produced Identification _____

Type of Identification _____

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