



**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)

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.*

Roof sheathing nailing is not required for other reasons: _____

(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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