



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

SOLAR PANEL ROOF ATTACHMENT INSPECTION AFFIDAVIT

Permit Number: _____

I, (enter your name) _____,
 (choose one) licensed inspector, Engineer, or Architect

On or about (enter date) _____, did personally inspect the solar panel roof attachment work at:

Address _____

City _____ State _____ Zip _____

Based upon that inspection:

- I attest that the solar panel roof installation was completed in accordance with the current edition of the Florida Building Code and the approved construction documents.
- The solar panels are ground mounted and all attachments are visible for inspection : _____

Attention: Print and complete the following section in the presence of a notary.

 (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 _____