

**City of Ormond Beach  
Building Safety Division  
Inspection Affidavit for Roof to Wall Connections**

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

I \_\_\_\_\_, licensed as a(n) Contractor\*/Engineer/Architect  
(print name and circle license type)

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

On or about \_\_\_\_\_, did personally inspect the  
(date and time)

Roof to wall connections work at \_\_\_\_\_  
(job 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 \_\_\_\_\_.

Personally known \_\_\_\_\_ or Produced identification \_\_\_\_\_, \_\_\_\_\_

Notary Public, State of Florida \_\_\_\_\_

Commission #: \_\_\_\_\_

Stamp:

\* General, building, or residential contractor.

\*\* This affidavit must be signed and actually inspected by the licensed individual stated above. Site workers are not authorized to do the inspection and fill in the time and date.