



TOWN OF PALM BEACH SHORES **ROOF SHEATHING AFFIDAVIT**

Job Address: _____

Permit No.: _____

Company Name: _____

Address: _____

Name of Qualifier: _____

License Number: _____

I, _____ do hereby affirm:

That I have personally inspected the roof sheathing for the area covered by the roofing permit referenced above, and further state that the roof sheathing has been re-nailed in full conformance with the Florida Building Code as amended.

I fully understand that if any violations are discovered, the Building Department may file an action against my certification with appropriate licensing board.

I agree to indemnify and hold harmless the TOWN PALM BEACH SHORES from any and all claims, judgments, cost, liabilities, damages and expenses including reasonable attorney fees whatsoever arising in connection with the missed inspection.

QUALIFIER/CONTRACTOR SIGNATURE _____

DATE

_____ Having first been duly sworn does affirm the statement above to be true and correct by his/her own personal knowledge and who is personally known to me or has produced _____ as identification.

My commission expires: _____

Signature of Notary Public

SEAL

Name of Notary Public