

TOWN OF PALM BEACH SHORES

Building Department

247 Edwards Lane

Palm Beach Shores, FL 33404

TELEPHONE: 561-844-3457

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TIN TAG/SHINGLE AFFIDAVIT

Permit Number: _____ Job site Address: _____

Legal Description: _____
(lot/block/subdivision)

Name of Company: _____

Address: _____
(Street, City, State, Zip)

Name of Qualifier: _____ License Number: _____

I, _____, do hereby affirm:

FELT UNDERLAYMENTS for all roof systems shall comply with ASTM specifications, as prescribed by code. Underlayments shall be fastened minimum 6" on center at laps and staggered at 12" on center in the field. Fasteners must be 12 GA. X 1-1/4" corrosion resistant nails through 1-5/8" tin caps.

Shingles were installed per manufacturers spec.

(*Qualifier/Contractor Signature) (Date)

_____, having being duly sworn, does affirm
(Name of Qualifier/Contractor – print)
the statement above to be true and correct by his/her own personal knowledge.

(Notary) (Date)

_____ Personally known to me
_____ Produced photo ID, type of ID _____

*An owner/builder acting as contractor is considered the qualifier for this code section.
Code Compliance 586-1652