



Roof Decking Affidavit

I, _____, licensed as a(n):

(PLEASE PRINT NAME)

☐ Engineer ☐ Architect ☐ Contractor* _____

(CHECK ONE)

(LICENSE NUMBER & TYPE)

*General, Building, Residential, Roofing Contractor, or other certified to inspect under 468 F.S.

did personally inspect the roof decking attachment on:

_____ of the property located at: _____ St. Lucie County, FL

(DATE OF INSPECTION)

(JOB SITE ADDRESS)

Permit #: _____

Based upon the examination, I have determined the installation was done in accordance with the Florida Existing Building Code Section 706.7.1, "Roof decking attachment for existing structures with wood roof decks."

(SIGNATURE)

SELECT ONE:

1. STATE OF FLORIDA, COUNTY OF: _____

NOTARY STAMP:

Sworn to and subscribed before me on this

_____ day of _____, 20____ by

OR

2. PROFESSIONAL SEAL AND DATE:

(NAME)

who is personally known to me _____

OR

has produced identification _____

(TYPE)

(NOTARY SIGNATURE)