



**City of Greenacres
Roofing Contractor Affidavit**

**Roof Sheathing, Tin Tag and Roof Metal Installation
For Existing Buildings Only**

Job Address _____

Permit Number _____ Subdivision or Plaza _____

Contractor Information

Company Name _____ Qualifier Name _____
Company Address _____ City _____ ST _____ Zip _____
License Number _____ Phone _____

I _____ am certified as a roofing contractor and do hereby certify that all roof work indicated below has been performed at the above address in accordance with chapters 15, 16, and 23 of the Florida Building Code and City of Greenacres Amendments. Photographs are being provided that clearly depict each step of the work.

_____ Certification of re-nailing roof sheathing
_____ Certification of tin tag and roof metal installation
_____ Other _____

Signature of Qualifier _____ Print Name: _____
STATE OF FLORIDA COUNTY OF _____
Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20 _____
By _____ (Name of person making statement).
Signature of Notary Public State of Florida _____
Personally, Known OR Produced Identification _____ (Type of Identification)

(Notary Public Stamp)

An in progress inspection must be scheduled the day before any work is started.

For tile and metal roofs an additional in progress inspection will be required during the installation.

The affidavit and photos are to be left on the job site for the final inspection.