



City of Greenacres

Building Department
5800 Melaleuca Lane
Greenacres, Florida 33463-3515
Ph: 561-642-2052 Fax: 561-642-2049
www.greenacresfl.gov

Re-Roof Affidavit

LICENSED ROOFING CONTRACTOR AFFIDAVIT **ROOF METAL AND ROOF SHEATHING INSTALLATION** **PROGRESSIVE INSPECTIONS ARE AVAILABLE**

To: City of Greenacres
Department of Development and Neighborhood Services – Building Division
5800 Melaleuca Ln
Greenacres, FL 33463

RE: Permit No. _____

From: _____ (Contractor)
_____ (Contractor Address)
_____ (Owner Name)
_____ (Property Address)

CERTIFICATION SELECTION: (Please check all that apply)

Certification of re-nailing roof sheathing, and removal and replacement of damaged or rotted wood, and certification of roof metal installation, flashing, underlayment
 Other _____

I, _____, am certified as a roofing contractor, (License No. _____) and do hereby certify that all roof work (as indicated above) has been performed at the above address in accordance with Chapter 15 of the Florida Building Code, Chapter 9 and 10 of the Florida Building Code Residential, and Chapter 7 of the Florida Building Code Existing Building, as amended, and the Manufacturer’s Specifications. I have notified the owner of the property of this affidavit.

Signature of Qualifier: _____ Date: _____

STATE OF FLORIDA, COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____ day of _____, _____, who is personally known to me or who has produced identification and who did take an oath.

Seal:

Signature of Notary

My Commission Expires