



Building Department | buildingdept@cocoafl.org  
65 Stone Street | Cocoa, FL 32922  
Phone: (321) 433-8501 | Fax: (321) 321-433-8543

### Residential Re-Roof Sheathing Inspection Affidavit

Permit #: \_\_\_\_\_

I, \_\_\_\_\_ hereby acknowledge that I personally inspected the Roof Deck Nailing at:

\_\_\_\_\_  
(Job Site Address)

and have determined that the work was done according to the Florida Building Code, Existing Building Section 411.

**I certify that my statements herein are true and accurate to the best of my belief and that I fully understand that making any false statements in writing with the intent to mislead a public servant in the performance of his or her official duty shall constitute a misdemeanor of the second degree pursuant to Section 837.06 F.S.**

\_\_\_\_\_  
**Signature of Contractor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Contractor**

\_\_\_\_\_  
**License Number**

License Type: ☐ General ☐ Building ☐ Residential ☐ Roofing Contractor  
☐ or any individual certified in accordance with F.S. 468 to make an inspection.

**STATE OF FLORIDA**

**COUNTY OF BREVARD**

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

By \_\_\_\_\_, who is ☐ personally known to me or ☐ produced (type of identification) \_\_\_\_\_ as identification.

\_\_\_\_\_  
**Signature of Notary Public**

\_\_\_\_\_  
**SEAL**