

ROOF DECK NAILING AFFIDAVIT

CONTRACTING COMPANY: _____

SITE ADDRESS: _____

PERMIT #: _____

I HEREBY CERTIFY THAT THE ROOF DECK FOR THE ABOVE REFERENCED JOB WAS NAILED IN ACCORDANCE WITH THE PLANS AND SPECIFICATIONS FROM THE FLORIDA BUILDING CODE AND THE APPLICABLE DETAIL FROM SSTD 1097.

CONTRACTOR OR OWNER/BUILDER

Sworn to and subscribed before me this _____ day of _____, _____
In Brevard County, Florida by _____, personally known
to me or has produced identification _____.

Notary Public