

**TOWN OF INDIAN RIVER SHORES  
BUILDING DEPARTMENT  
REROOF INSPECTION AFFIDAVIT (STRAPPING)**

Updated 6-28-13

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

I, \_\_\_\_\_ License # \_\_\_\_\_,  
(Print name & number)

Engineer / Architect / Contractor\*, did personally inspect  
(circle one)

the **truss strapping** work at \_\_\_\_\_, on or about  
(Job site address)

\_\_\_\_\_  
(Date & time)

Based upon that examination, I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (based on F.S. 553.844).

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print name)

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

by \_\_\_\_\_.

Notary Public, State of Florida

\_\_\_\_\_  
(Print, type or stamp name)

Commission No: \_\_\_\_\_

Personally Known \_\_\_\_\_

Produced Identification \_\_\_\_\_ Type of identification produced \_\_\_\_\_

General, Building, Residential Contractor.

*\*Contractors are to include photographs of each plane of the roof with the permit # or address clearly shown marked on the deck for each inspection.*