

**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.*