

Village of Tequesta Building Department
345 Tequesta Drive, Tequesta, Florida 33469-0273
Please email completed form to Permits@tequesta.org

ROOFING CONTRACTOR AFFIDAVIT

**Roof Sheathing, Tin Tag and Roof Metal Installation for Existing Buildings
Only**

Job Address: _____

Permit Number: _____

Contractor Information:

Company Name: _____ **Qualifier Name:** _____

Company Address: _____ **City:** _____ **ST** _____ **Zip** _____

License Number: _____ **Phone:** _____

I, _____ am certified as a roofing contractor and do hereby certify that all roof work indicated below has been performed at the above address in accordance with chapters 15, 16, and 23 of the Florida Building Code and Village of Tequesta Amendments. Photographs are being provided that clearly depict each step of the work.

____ **Certification of re-nailing roof sheathing**

____ **Certification of tin tag and roof metal installation**

____ **Other:** _____

Signature of Qualifier: _____ **Print Name:** _____

STATE OF FLORIDA COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20_____

By _____ (Name of person making statement).

Signature of Notary Public State of Florida _____

Personally Known _____ OR Produced Identification _____

This affidavit and photos are to be left on the job site for the final inspection.

