



Town of Lake Clarke Shores Building Division

LICENSED ROOFING CONTRACTOR AFFIDAVIT ROOF METAL & ROOF SHEATHING INSTALLATION (EXISTING DETACHED ONE & TWO FAMILY DWELLINGS ONLY)

To: Town of Lake Clarke Shores
Building Division 1701 Barbados Rd
Lake Clarke Shores, FL 33406

Permit No.

Re:
From: (Contractor)
(Contractor's Address)
(Owner/s Name)
(Property Address)

CERTIFICATION SELECTION: *(Please check all that apply)*

- Certification of roof metal installation, flashing, underlayment.
- Certification of re-nailing roof sheathing, and removal and replacement of damaged or rotted wood.
- Other

I, _____, am certified as a roofing contractor (License No. _____) and do hereby certify that all roof work (as indicated above) has been performed at the above address in accordance with Chapter 15 of the Florida Building Code, Existing Building, as amended, and Manufacturer's Specifications. I understand that the Town of Lake Clarke offers progressive re-roof inspections. I have notified the owner of the property of this affidavit.

Signature of Qualifier _____ Date _____

STATE OF FLORIDA, COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____ (date) by _____, who is personally known to me or who has produced _____ (type of identification) as identification and who did (did not) take an oath. _____ (SEAL)

Signature of person taking acknowledgement _____
Name of officer taking acknowledgement--typed, printed or stamped _____
Title or rank _____ Serial number _____