

I, of am (license holder's name) (company name) a licensed (type of contractor) roof deck (sheathing) at: (site address) (iste address) On (Date of inspection) Based upon that examination I have determined the installation was done according to the Hurricane Mitigation Retrofit Manual (based on 553.844 FS) and the Florida Building Code, Existing Building, Section 706 Print/Type Name Signature * General, Building, Residential, or Roofing Contractor or any individual certified under 489 FS to make such an inspection. STATE OF _, COUNTY OF Sworn to (or affirmed) and subscribed before me this day of, 20, by who is personally known or produced as identification. NOTARY STAMP HERE Exp. Date:Commission Number: Signature of Notary Public:	Permit #	State Registration #	
a licensed	<u>l,</u>		am
	(license holder's name)) (company name)	
roof deck (sheathing) at:			y inspected the
at:	(type of con	tractor)	
(site address) On	roof deck (sheathing)		
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who is personally known or producedas identification. Exp. Date:Commission Number: Signature of Notary Public:	STATE OF, COU	NTY OF	
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Signature of Notary Public:		Exp. Date:Commission Number	er:
Printed name of Notary Public:		· · ·	
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