



Permit # _____

WALTON COUNTY BUILDING DEPARTMENT

FINAL INSTALLATION AFFIDAVIT – NEW ROOF / RE-ROOF/ ROOF OVER

BUILDING CONTRACTORS NAME: _____

I _____, licensed as a Roofing Contractor, Contractor,
(Please print name and circle Installer)

or Homeowner (License # _____) did install the New Roof / Re-Roof /

Roof Over per the Manufacturer’s Installation Instructions and the Florida Building Code at

(job site address)

Sign only in the presence of a Notary: _____

Signature

State of Florida

County of _____

Sworn to, subscribed and acknowledged before me by means of () physical presence or

() online notarization, on this _____ day of _____, 20_____

by _____ who () is personally known to me

or () produced identification _____.

Notary Public

(Notary Seal)

This form must be on file at the Building Department prior to calling for a C/C or C/O inspection.

Effective for permits issued on or after 09-16-08