



# CITY OF GREENACRES

**BUILDING DEPARTMENT**  
5800 Melaleuca Lane  
Greenacres, Florida 33463  
Tel: (561) 642-2052  
Fax: (561) 642-2049

## ROOFING CONTRACTOR AFFIDAVIT

### ROOFING SHEATHING, TIN TAG AND ROOF METAL INSTALLATION (FOR EXISTING BUILDINGS ONLY)

**TO:** City of Greenacres Building Department

**RE:** Permit # \_\_\_\_\_

Job Address \_\_\_\_\_

Subdivision/Plaza \_\_\_\_\_

**FROM:** \_\_\_\_\_ Contractor

\_\_\_\_\_ Address

\_\_\_\_\_ Property Owner

\_\_\_\_\_ Address

**Certification selection.....**

\_\_\_\_\_ Certification of renailling roof sheathing

\_\_\_\_\_ Certification of tin tag and roof metal installation

\_\_\_\_\_ Other \_\_\_\_\_

**Important Note:** An In-Progress Inspection **MUST** be scheduled the day before starting the work.

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

\_\_\_\_\_  
Signature of Qualifier

\_\_\_\_\_  
License #

\_\_\_\_\_  
Date

Sworn and Subscribed Before Me This \_\_\_\_\_ Day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

**SEAL**