



Building Department

AFFIDAVIT INSPECTION REPORT

DATE: _____

PERMIT NUMBER: _____

PERMIT ADDRESS: _____

FLORIDA STATE REGISTERED DESIGN PROFESSIONAL INFORMATION:

Name: _____ Florida PE NUMBER or AR NUMBER: _____

Address: _____

Phone No.: _____ E-Mail Address: _____

I, _____, Florida State Registration Number: _____, do hereby swear, that on, INSPECTION DATE(s): _____, I physically visited and inspected the above referenced permit address and conducted and passed the inspection(s) below for the scope of work, for the above referenced permit number.

"The applicable structure, electrical, gas, mechanical, plumbing or roofing systems have been erected or installed in accordance with the requirements of the technical codes and that the design professional assumes full responsibility for compliance with all provisions of the technical codes and other pertinent laws or ordinances" as per FBC 105.14 and 107.6." **(NOTE: ***FIRE, ENGINEERING, FEMA, and ZONING INSPECTIONS MUST BE DONE BY CITY STAFF***)**

Inspection Type and work Description:

INSERT STATE REGISTERED PROFESSIONAL
ENGINEER or ARCHITECTS SEAL & SIGNATURE