



CITY OF MARCO ISLAND RE-ROOFING MITIGATION RETROFIT

Permit#: _____ Job Address: _____

I _____, am a licensed (choose one)

Contractor*, Engineer, Architect, or Building Inspector*, License#: _____,

On or about (date & time) _____, I did personally inspect the:

Roof to wall connections **Roof deck nailing** **Secondary water barrier**

work at the above address.

Based upon that examination, I have determined the installation was performed according to the Hurricane Mitigation Retrofit Manual, based on 553.844 F.S. and Rule 9B-3.0475 FAC.

Signature of License Holder

State of Florida

County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____,
by _____, who is personally known to me or has produced
_____ as identification.

Signature, Notary Public – State of Florida

(Seal)

Printed, Typed, or Stamped Name of Notary

*General, Building, Residential or Roofing Contractor, or a licensed Inspector certified under F.S. Chapter 468 to make this inspection.