



# City of Plantation Building Department

## Supplemental Fasteners Inspection Affidavit

Permit # \_\_\_\_\_

I, \_\_\_\_\_, licensed as a(n)  
(Please print name & check license type)

Contractor\*     Engineer     Architect     FS 468 Building Inspector\*

license # \_\_\_\_\_ did personally inspect the roof deck nailing

work on \_\_\_\_\_ of property located at  
(Date)

\_\_\_\_\_, Plantation, FL.  
(Job Site Address)

Based upon the examination, I have determined the installation under the prescriptive method was done according to the Hurricane Mitigation Retrofit Manual Section 201.1 (Based on 553.844 F.S.).

\_\_\_\_\_  
Signature, Seal and Date

**OR**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by  
\_\_\_\_\_ who is personally known to me \_\_\_\_ or has Produced Identification  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary Stamp

\* General, Building, Residential, Roofing Contractor or any individual certified under 468 F.S. to make such an inspection.



# City of Plantation Building Department

## Roof to Wall Inspection Certification\*

Permit # \_\_\_\_\_

I, \_\_\_\_\_, licensed as a(n)  
(please print name & check license type)

Engineer       Architect

license # \_\_\_\_\_ did personally inspect the *\*roof to wall*

*connections* work on \_\_\_\_\_ of property located at  
(Date)

\_\_\_\_\_, Plantation, FL.  
(Job Site Address)

Based upon the examination, I have determined that the connections are in accordance with the Hurricane Mitigation Retrofit Manual Section 201.3 (Based on 553.844 F.S.).

\_\_\_\_\_  
Signature, Seal and Date

\* Certification addresses existing and proposed metal connector, clips, straps, fasteners and additional structural elements to comply with the Hurricane Mitigation Retrofit Manual Table 201.3.



# City of Plantation Building Department

## Prescriptive Method (Roof to Wall Connections) Inspection Affidavit

Permit # \_\_\_\_\_

I, \_\_\_\_\_, licensed as a(n)  
(please print name & check license type)

Contractor\*     Engineer     Architect     FS 468 Building Inspector\*

license # \_\_\_\_\_ did personally inspect the roof to wall

connection work on \_\_\_\_\_ of property located at  
(Date)

\_\_\_\_\_, Plantation, FL.  
(Job Site Address)

Based upon the examination, I have determined the installation under the prescriptive method was done according to the Hurricane Mitigation Retrofit Manual Section 201.3.1-201.3.4 (Based on 553.844 F.S.).

\_\_\_\_\_  
Signature, Seal and Date

**OR**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by  
\_\_\_\_\_ who is personally known to me \_\_\_\_ or has Produced Identification  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary Stamp

\* General, Building, Residential Contractor or any individual certified under 468 F.S. to make such an inspection.