

CONTRACTOR ROOFING AFFIDAVIT

Columbia County, Florida

Building Department

135 NE Hernando Avenue

Lake City, Florida 32055

Phone: 386-758-1008

www.columbiacountyfla.com

NOT REQUIRED FOR OWNER BUILDERS

Job Address: _____

I (Print Name) _____, Licensed as a Contractor,
 Engineer, or Architect, with License # _____ do hereby affirm that all of the information provided to obtain this permit is true and accurate and that the sheathing, nailing, dry-in, venting, and flashings at the above referenced address will be installed in accordance with the applicable codes, Florida Product Approval installation instructions and standards set forth in the most current edition of the Florida Building Code - Residential and the Florida Building Code - Existing Building.

_____ (Affiant Signature)

STATE OF _____
COUNTY _____

The foregoing instrument acknowledged before me by means of physical presence or online notarization, this _____ day of _____ 20_____, by _____, who is personally known to me or has provided the following identification _____.

Notary Public Signature _____ (Seal)

Notary Printed Name _____

FINAL INSPECTION & CERTIFICATE OF COMPLETION: This completed form and photographs must be uploaded to your permit via online at the Application Submission login (link) [Welcome to Columbia County Online \(columbiacountyfla.com\)](http://Welcome to Columbia County Online (columbiacountyfla.com)).

If for a roofing permit, clearly visible in the Photographs must be the permit number or address and must include a ruler or measuring device to confirm nail spacing and overlaps including drip edge and valley flashing. (Not required for additions or New Residential)