



CITY OF WINTER SPRINGS

1126 East State Road 434
Winter Springs, FL 32708
Phone: 407-327-1800 Fax: 407-327-4784
www.winterspringsfl.org

DECK NAILING AFFIDAVIT

RE: Permit# _____ Date: _____

I _____, licensed as a (n) _____ Contractor* _____ Engineer _____ Architect
(Please print name and Choose license type) _____ FS 468 Building Inspector*

License #: _____

On or about _____, I did personally inspect the Roof deck nailing work
(Date and Time)

at _____ Winter Springs, Fl. 32708
(Job Site Address)

Based upon that examination I have determined the installation was done according to Section 611.7.1 of the FBC existing.

Signature

STATE OF FLORIDA
COUNTY OF SEMINOLE

Sworn to and subscribed before me this _____ day of _____, 20_____

By _____ who is _____ personally

known to me or produced _____ as identification.

Seal

Notary Public, State of Florida

Print, type or stamp name

Commission No: _____

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