

CONCEALED OFF RIDGE VENTS FOR TILE ROOF APPLICATIONS – INSTALLATION AFFIDAVIT

PERMIT #: _____

JOB ADDRESS: _____

LOT / SUBDIVISION: _____

COMPANY: _____

I, _____, Contractor for the permit listed above,
(Please print name)

license number _____, did personally inspect the installation of

the vent assembly, sealing the underlayment and blocking of the deck as required.

I certify the work is in compliance with the current Florida Building Code – Building Volume.

Contractor Signature

Date

STATE OF FLORIDA)

COUNTY OF _____)

Sworn to and subscribed before me by means of [] physical presence or [] online notarization, this ____ day of _____, 20____, by _____

_____ (name of person acknowledging), who is [] personally known to me;

or [] has produced _____ as identification.

Signature of Notary Public (Seal)