



Department of Building & Capital Improvements
 9705 E Hibiscus Street
 Palmetto Bay, FL 33157
 Office No. 305-259-1250
 Fax No. 866-927-5576

ROOFING INSPECTOR REPORT

Roofing Permit No. _____ Name of Original
 Roofing Contractor: _____
 Qualifier: _____

Property Address: _____
 Property Owner(s): _____

Type of Roofing system(s): _____ Inspection Date: _____

I have inspected the roof cover of the building located at the above referenced address and the following was noted (Check one):

1. The roof covering is in satisfactory condition with no evidence of leaks. _____
 (Inspector's Initials)
2. Deficiencies requiring correction. _____
 (Inspector's Initial)

(List all deficiencies and describe extent of damage and required corrective measures)

I certify that I have no ownership, financial or business interest in the property which is the subject of this inspection report. Also, I certify that I do not have a contract purchase offer on the property. Further, I certify that I am not related by blood or consanguinity to the owner or any individual employed by the above named contractor and have had no past or present financial or business dealing with the owner or roofing contractor. Finally, I certify that I have never been an employee or unpaid consultant of the owner or above named roofing contractor.

SIGNATURE: _____
NAME OF COMPANY: _____
LICENSE NO.: _____

Signature of Qualifier

Print Name: _____
 State of Florida, Miami-Dade County.
 Sworn to and subscribed before me this _____ day of _____, 20____
 By: _____
 Personally Known or ID.: _____