



Permit # _____

WALTON COUNTY BUILDING DEPARTMENT

FINAL INSTALLATION AFFIDAVIT – NEW ROOF / RE-ROOF/ ROOF OVER

BUILDING CONTRACTORS NAME: _____

I _____, licensed as a Roofing Contractor, Contractor, or
(Please print name and circle Installer)

Homeowner (License # _____) did install the New Roof / Re-Roof /
Roof Over per the Manufacturer’s Installation Instructions and the Florida Building Code.

Sign only in the presence of a Notary: _____
Signature

State of Florida
County of _____

Sworn to, subscribed and acknowledged before me by means of () physical presence or
() online notarization, on this _____ day of _____, 20____
by _____ who () is personally known to me
or () produced identification _____.

Notary Public

(Notary Seal)

**This form must be on file at the Building Department prior to
calling for a C/C or C/O inspection.**

Effective for permits issued on or after 09-16-08