



Building Department
1700 Convention Center Drive, 2nd Flr
Miami Beach, Fl 33139
Office 305 673-7610 Fax 305 673-7857

ROOFING INSPECTION REPORT

(Permits Issued prior to June 1st, 1995)

Permit Number: _____ Inspection Date: _____

Original Roofing Contractor: _____

Qualifier: _____

Property Address: _____

Property Owner(s): _____

Type of Roofing System(s): _____

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

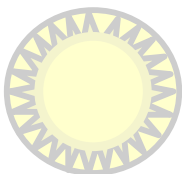
1 **m** _____ The roof covering is in satisfactory condition with no evidence of leaks.
Inspectors Initials

2 **m** _____ Deficiencies requireing corrections.
Inspectors Initials

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

<p>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 dealings 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.</p>	
Signature: _____	Company Name: _____
License No.: _____	(Notary for Roofing Contractor)

RIR (FOR ROOFING PERMITS ISSUED PRIOR TO JUNE OF 1995)



Notary Seal

Signature of Qualifier

Print Name

Sworn to and subscribed before me this _____ day of _____ 20____.

Personally Known _____ Produced Identification _____

Type of Identification: _____

Notary Public