



Building
 Permitting & Inspection Center
 11805 SW 26th Street
 Miami, Florida 33175-2474
 786-315-2100

miamidade.gov

ROOFING INSPECTION REPORT
(Permits issued prior to June 1st 1995)

Roofing Permit No. _____

Name of Roofing Contractor:

Qualifier:

Property address: _____

Property owner(s): _____

Inspection date: _____

Type of Roofing system(s): _____

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 Initial)

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 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.

Signature: _____

License No.: _____ (Notary for Roofing Contractors)

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

 Signature of Qualifier

PRINT NAME _____

Sworn to and subscribed before me this _____

Day of _____ 20____

by _____

(SEAL) _____

personally known _____

or produced Identification _____

Type of Identification Produced _____