

Building Department 1700 Convention Center Drive, 2nd floor Miami Beach, Florida 33139 Telephone: 305-673-7610 www.miamibeachfl.gov

ROOFING INSPECTION REPORT (Permits issued prior to March1st 2002)

Roofing Permit No	Name of Roofing Contractor:	
	Contractor.	
	Qualifier:	
Property address:		
Property owner(s):	Inspection date:	
Type of Roofing system(s):		
I have inspected the roof cover of the building locate was noted (check one):	d at the above referenced address and the following	
1. The roof covering is in satisfactory condition with r	no evidence of leaks.	
,	(Inspector's Initial)	
2. Deficiencies requiring correction.		
	(Inspector's Initial)	
(List all deficiencies and describe extent of damage an	d required corrective measures)	
Also, I certify that I do not have a contract purchase offer on or consanguinity to the owner or any individual employed by financial or business dealings with the owner or roofing cont unpaid consultant of the owner or above named roofing cont		
Signature:		
License No.:	(Notary for Roofing Contractors)	
RIR (FOR ROOFING PERMITS ISSUED PRIOR TO MARCH OF 2002)		
	Signature of Qualifier	
	PRINT NAME	
	Sworn to and subscribed before me this	
	Day of20	
	by	
	(SEAL)	
	personally known or produced Identification	
Building Department	Type of Identification Produced	