



City of West Miami
Building Department
 901 SW 62nd Avenue
 West Miami, Florida 33144
 (305) 266-4214
www.cityofwestmiamifl.com

ROOFING INSPECTION REPORT
(Permits issued prior to March 1st 2002)

Roofing Permit No. _____

Name of Architect / Engineer:

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 Architect / Engineer)

RIR (FOR ROOFING PERMITS ISSUED PRIOR TO MARCH OF 2002)

 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 _____