



MISSED INSPECTION AFFIDAVIT

Permit #: _____ Address: _____

BEFORE ME, the undersigned authority, personally appeared _____ (* CONTRACTOR / OWNER-BUILDER)

Who, being duly sworn, deposes and says:

- I have missed receiving an inspection for: _____ (*TYPE OF INSPECTION)

However, as the certified contractor responsible for the construction or installation of the:

(*TYPE OF INSPECTION THAT WAS MISSED)

was personally inspected by me and found to be constructed or installed in full conformance with the Florida Building Code, the approved plans and the manufacturer's specifications. I fully understand that, by the Building Division's acceptance of this letter that I am responsible for the correction of any problems or issues, which may arise at any time in the future due to this missed inspection. I further understand that, if any violations are discovered due to this missed inspection, the Building Division will file an action against my certification with the appropriate licensing board.

- I agree to indemnify and hold harmless the City of Hollywood from any and all claims, judgements, costs liabilities, damages and expenses; including reasonable attorney fees, whatsoever arising in connections with this missed inspection.
I hereby acknowledge that any photos or other supportive documentation that is being provided for the missed inspection, have not been altered or enhanced and that they are appropriate to the listed address and/or permit number shown above and that the statements herein contained are true and correct.
All concealed work shall be inspected and approved by a Design Professional, which may entail Forensic or Destructive evaluation(s) to determine Code compliance. By having a Design Professional sign below he/she is confirming that the concealed work meets Florida Building Code compliance.

X _____ Signature of Certified Contractor

X _____ Signature of Design Professional

Print Name of Certified Contractor Certification Number

Print Name of Design Professional Certification Number

STATE OF FLORIDA COUNTY OF BROWARD

STATE OF FLORIDA COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

NOTARY'S SIGNATURE as to Qualifier's Signature Notary Name _____ (Print, Type or Stamp Notary's Name)

NOTARY'S SIGNATURE as to Design Professional's Signature Notary Name _____ (Print, Type or Stamp Notary's Name)

Personally Known _____ or Produced Identification _____

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

Type of Identification Produced _____

Seal:

Seal:

Building Official: _____ Date: _____

Approved _____ Denied _____