



GROWTH MANAGEMENT DEPARTMENT
201 SE 3rd STREET (Second Floor), OCALA, FL 34471
(352) 629-8421; FAX: (352) 629-8264

City of Ocala

**AFFIDAVIT OF COMPLIANCE
FOR DECK INSPECTION**

I, _____, as contractor/owner do affirm that,
by the **submittal of pictures** as proof, the deck nailing pattern is in accordance
with Florida State Statute 553.844, Hurricane Mitigation Retrofit Manual.

ADDRESS OF PERMIT

PERMIT NO.

SIGNATURE CONTRACTOR/OWNER

DATE

**STATE OF FLORIDA
COUNTY OF MARION**

The foregoing instrument was sworn to, subscribed and acknowledged by
_____, who is personally known to
me or who has produced _____ as identification,
before me this _____ day of _____, 20_____.

NOTARY SIGNATURE

(SEAL)

INSPECTOR'S SIGNATURE/DATE