

CONTRACTOR ROOFING AFFIDAVIT

Columbia County, Florida
Building Department
135 NE Hernando Avenue
Lake City, Florida 32055
Phone: 386-758-1008

NOT REQUIRED FOR OWNER BUILDERS

www.columbiacountyfla.com

Job Address: _____

I (Print Name) _____, Licensed as a ☐ Contractor,
☐ Engineer, or ☐ Architect, with License # _____ do hereby affirm that all of the
information provided to obtain this permit is true and accurate and that the sheathing, nailing, dry-in,
venting, and flashings at the above referenced address will be installed in accordance with the
applicable codes, Florida Product Approval installation instructions and standards set forth in the
most current edition of the Florida Building Code - Residential and the Florida Building Code -
Existing Building.

(Affiant Signature)

(Printed Name - if other than contractor)

Include POA or Agent Authorization upon submission.

STATE OF _____
COUNTY _____

The foregoing instrument acknowledged before me by means of ☐ physical presence or ☐ online
notarization, this _____ day of _____ 20_____, by _____
_____, who is ☐ personally known to me or ☐ has provided the following
identification _____.

Notary Public Signature _____ (Seal)

Notary Printed Name _____

FINAL INSPECTION & CERTIFICATE OF COMPLETION: This completed form and photographs must be
uploaded to your permit via online at the Application
Submission login (link) [Welcome to Columbia County Online \(columbiacountyfla.com\)](http://Welcome to Columbia County Online (columbiacountyfla.com)).

If for a roofing permit, clearly visible in the Photographs must be the permit number or address and
must include a ruler or measuring device to confirm nail spacing and overlaps including drip edge
and valley flashing. (Not required for additions or New Residential)

Published 10/2025