





TigerPaw™
Premium Roof Deck Protection

Use ONLY Plastic Cap Nails or Plastic Cap Staples

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GAF
TigerPaw

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Premium Roof Deck Protection

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Premium Roof Deck Protection

tiger paw





MOORE AFFIDAVIT

JOB ADDRESS: 179 SW DEPOT WAY, FT. WHITE, FL

(21527 Thomas)

I, Drew Wortmann

License # CCC1335390

Licensed as ☒ Contractor ☐ Engineer, or ☐ Architect, with
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

R
(Affiant Signature)

STATE OF Florida

COUNTY Columbia

The foregoing instrument acknowledged before me by means of ☐ physical presence or ☐ online
subscription, this 29 day of JULY, 2024, by Drew Wortmann

☐ personally known to me or ☐ has provided the following identification:

Notary Public Signature: CELESTE HEINRICH (Seal)

Notary Printed Name: ANNA BEILA HEINRICH

FINAL INSPECTION & CERTIFICATE OF COMPLETION

This completed form and photographs must be uploaded to your permit via online at the Application
Submission login (link): <https://www.floridabuilding.org/permits/submit>

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





ROOFING AFFIDAVIT

Drue Wortmann
License # **CCC1335360**

I am a ☒ contractor ☐ owner, ☐ architect, with
this license # **CCC1335360**

I hereby affirm that all of the information provided to obtain this permit is true and accurate and that the sheathing, roofing, dry in, venting and flashings at the above referenced address will be installed in accordance with the applicable codes, Florida product approval instructions and standards set forth in the most current editions of the Florida Building Code Residential and the Florida Building Code Existing Building.

[Signature]
(Affiant Signature)

State of **Florida**
County **Columbia**

The foregoing instrument acknowledged before me by means of ☐ personal presence or ☐ online submission, this **28** day of **June**, 2024, by **Drue Wortmann**

☐ Personally known to me or ☐ Not provided the following identification

My Public Signature *[Signature]* (Sign)
My Printed Name **ANNA MARIA REYNOLDS**

FINAL INSPECTION & CERTIFICATE OF COMPLETION
This completed form and photographs must be submitted to your permit via online at the Application Submission Page (link): <https://www.floridabuilding.org/permits/submit>

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

Columbia County, FL
Building Department
100 N. Main Street, Suite 200
Columbia, FL 32210
Phone: 352.736.1100
www.floridabuilding.org

