



Columbia County, Florida
Building Department
135 NE Hernando Avenue
Lake City, Florida 32025
Phone: 386-758-0008
www.columbiacountyfla.com

ROOFING AFFIDAVIT

JOB ADDRESS: 693 SW SABRE AVE

I (Print Name) CHRISTOPHER CANIPE am licensed under Chapter 468, Florida Statutes as a(n):

(Check One) ☒ Contractor ☐ Engineer ☐ Architect

License Number: RC29027618

On this (Date) 10/1/21 I did personally examine the roof at the above address for regulatory compliance as required for: (Check all that apply)

☐ Roof Deck Attachment ☒ Secondary Water Barrier ☐ Roof to Wall Connection
☐ Attic Venting has been maintained and complies with Florida Building Code 8-806.

Based on my examination, I have determined and affirm the installation is in accordance with the Florida Building Code 2020 1st Edition and 2020 Florida Statute (553.844).

(Affiant Signature) [Signature]

STATE OF FLORIDA

COUNTY DUVAL

The foregoing instrument acknowledged before me by means of ☐ physical presence or ☐ online notarization, this 1 day of October, 2021, by Christopher Canipe, who is

☒ personally known to me or ☐ has provided the following identification _____
Notary Public Signature [Signature] who is
Notary Printed Name Maria Jimenez (Seal)

FINAL INSPECTION & CERTIFICATE OF COMPLETION

This completed form and photographs must be uploaded to your permit via online at the Application Submission login (link) www.columbiacountyfla.com
Clearly visible in the Photographs must include a ruler showing the address, must include a ruler showing the flashing and attic vent.





PERMIT APPLICATION

Job Address: 880 SW DARRIE AVE

Applicant: CHRISTOPHER CANDE ☐ Contractor ☐ Engineer ☐ Architect

License Number: 9029027018 ☐ Not a Notary Public ☐ Not a Notary Public

Expiry Date: 10/1/21 ☒ Temporary Permit ☐ Standard Permit

☐ Roof Deck Attachment ☒ Other (Specify): Roof Deck Attachment

☐ I have verified that the work has been completed and complies with Florida Building Code R-200

☐ I have verified that the work has been completed and complies with Florida Building Code R-200

Signature: [Signature] Date: 10/1/21

State of FLORIDA County of DALLAS

The undersigned hereby certifies that the work has been completed and complies with Florida Building Code R-200

Signature: [Signature] Date: 10/1/21

Signature: [Signature] Date: 10/1/21

FINAL INSPECTION & CERTIFICATE OF COMPLETION

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

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 venting.



ROOFING AFFIDAVIT

AOB ADDRESS: 693 SW SABRE AVE

I (Print Name) CHRISTOPHER CANIPE licensed under Chapter 488, Florida Statutes as a(n)

(Check One) ☒ Contractor ☐ Engineer ☐ Architect

License Number RC29027618

On this (date) 10/1/21 did personally examine the roof at the above address for regulatory compliance as required for (Check all that apply)

☒ Roof Deck Attachment ☐ Secondary Water Barrier ☐ Roof to Wall Connection

☐ Attic Venting has been maintained and complies with Florida Building Code R-906.

Based on my examination, I have determined and affirm the installation is in accordance with the Florida Building Code 2020 7th Edition and 2020 Florida Statute (553.844).

(Affiant Signature)

STATE OF FLORIDA

COUNTY DUVAL

The foregoing instrument acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 1 day of October 2021 by CHRISTOPHER CANIPE, who is

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

Notary Public Signature

Notary Printed Name MORA MORA

(Seal)

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 \(submit-account/fla.com\)](https://www.columbiacountyfla.com/submit-account/fla.com)

Clearly visible in the Photographs must be the permit number or address, must include a ruler or measuring

form nail spacing and overlaps including drip edge, valley flashing and attic venting.



JOB ADDRESS: 693 SW SABRE AVE

ROI

I (Print Name) CHRISTOPHER CANIPE
(Check One) ☒ Contractor

License Number: RC29027618

On this (Date) 10/1/21

compliance as required for: (Check all that apply) ☐ did Personal examine the roof at the above address for statutory

☐ Engineer

☐ Architect

☐ Roof Deck Attachment

☐ Attic Venting has been maintained and cor

☒ Safety Barrier

Based on my examination, I have determined an

Building Code 2020 7th Edition and 2020 Florida's installation is in accordance with the Florida

(Affiant Signature) [Signature]

441

☐ Roof to Wall Connection

STATE OF FLORIDA
COUNTY DIVA



JOB ADDRESS: 693 SW SABRE AVE

ROOFING AFFIDAVIT

Columbia County, Florida
Building Department
135 NE Harrison Avenue
Levy City, Florida 32043
Phone: 386-758-3008
www.columbiacountyfla.com

I (Print Name) CHRISTOPHER CANIPE
(Check One) ☒ Contractor ☐ Engineer ☐ Architect

License Number: RC29027618
On this (Date) 10/1/21

compliance as required for: ☐ did personally examine the roof at the above address for regulatory compliance as required for: ☒ (Check all that apply) ☐ Secondary Water Layer ☐ Roof to Wall Connection

☐ Roof Deck Attachment ☐ Attic Venting has been maintained and complies with Florida Building Code R-406.
Based on my examination, I have determined and affirm the installation is in accordance with the Florida Building Code 2020 7th Edition and 2020 Florida Statute (553.844).

(Affiant Signature) [Signature]
STATE OF FLORIDA
COUNTY DUVAL

The foregoing instrument acknowledged before me for notarization, this 1 day of October

☒ personally known to me or ☐ has
Notary Public Signature [Signature]
Notary Printed Name MOY

FINAL INSPECTION & CERTIFICATION

This completed form
Submission login (link)
Clearly visible in
device to confirm