


City of North Port
Development Services Department
4970 City Hall Boulevard
North Port, Fl. 34286

Phone (941) 429-7044 Email: bldginfo@northportfl.gov Inspections (855) 941-4636

RECEIVING CHANNEL (SILL TRACK) AFFIDAVIT

This form must be completed in its entirety and posted on the jobsite by the final inspection before the permit can be closed.

Job Address: _____ Permit Number: _____

This affidavit is for concealed fasteners that would be hidden by installation of the composite roof.

I do affirm and certify that all work has been performed and installed at the above address in accordance with the engineered plans, the current edition of the Florida Building Code, and the manufacturer's installation instructions, Miami-Dade Notice of Acceptance, or Florida Product Approval submitted.

Signature: _____ Print Name: _____

Date: _____

STATE OF FLORIDA, COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to me or who has produced _____ as identification by means of physical presence or online notarization.

Notary Public Signature _____

SEAL