



BUILDING DIVISION

MISSED INSPECTION AFFIDAVIT

Lot: Block: Subdivision:

Application/Permit #:

Address:

STATE OF FLORIDA - COUNTY OF BROWARD - TOWN OF LAUDERDALE BY THE SEA

BEFORE ME, the undersigned authority, personally appeared (CONTRACTOR NAME)

who, being duly sworn, deposes and says:

- I have missed receiving an inspection for: (TYPE OF INSPECTION)

However, as the certified contractor responsible for the construction or installation of the:

(TYPE OF ITEM FOR WHICH INSPECTION WAS MISSED)

was personally inspected by me and found to be constructed or installed in full conformance with the Florida Building Code, the approved plans and the manufacturer's specifications. I fully understand that, by the Building Division's acceptance of this letter, I am responsible for the correction of any problems, which may arise at any time in the future. I further understand that, if any violations are discovered due to this missed inspection, the Building Division will file an action against my certification with the appropriate licensing board.

- I agree to indemnify, and hold harmless, the Town of Lauderdale By The Sea, from any and all claims, judgments, costs liabilities, damages and expenses, including reasonable attorney fees, whatsoever arising in connections with this missed inspection.
I hereby acknowledge that any photos or other supportive documentation that is being provided for the missed inspection, have not been altered or enhanced and that they are appropriate to the listed address and permit number shown above and that the statements herein contained are true and correct.

FURTHER, AFFIANT SAYETH NAUGHT.

(SIGNATURE OF CERTIFIED CONTRACTOR) (CERTIFICATION NUMBER)

CONTRACTOR PHONE NUMBER: CONTRACTOR EMAIL:

STATE OF FLORIDA, COUNTY OF BROWARD

On this, the day of, 20, before me, the undersigned Notary Public of the State of Florida, Personally appeared

(NAME OF CONTRACTOR)

whose name is Subscribed to within instrument, and he (or she) acknowledges that he (or she) executed it.

WITNESS my hand SEAL OF OFFICE

and official seal.

NOTARY PUBLIC

Personally known to me, or Produced Identification

Oath taken Oath not taken

Reviewed By: (Building Official or designated representative) Date:

Reviewed By: (Chief Inspector) Date: