



MISSED INSPECTION AFFIDAVIT

Permit #: \_\_\_\_\_ Address: \_\_\_\_\_

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_
(\* CONTRACTOR / HOMEOWNER- If Homeowner Permit)

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 INSPECTION THAT 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, that I am responsible for the correction of any problems or issues, which may arise at any time in the future due to this missed inspection. 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 City of Hollywood from any and all claims, judgements, 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/or permit number shown above and that the statements herein contained are true and correct.
All concealed work shall be inspected and approved by a Design Professional, which may entail Forensic or Destructive evaluation(s) to determine Code compliance.

(SIGNATURE OF CERTIFIED CONTRACTOR)

(CERTIFICATION NUMBER)

(SIGNATURE OF DESIGN PROFESSIONAL)

(CERTIFICATION NUMBER)

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Signature: \_\_\_\_\_

Personally Known: \_\_\_\_\_ Identification Provided: \_\_\_\_\_

Seal:

Building Official: \_\_\_\_\_ \_\_\_Approved \_\_\_Denied

Date: \_\_\_\_\_