



Missed Inspection Affidavit

Development Services - **Building Division**

Revision Date: 7/22/2019

Form I.D. Number: 016.1

Address: _____

Application/Permit No: _____

STATE OF FLORIDA))ss.
COUNTY OF BROWARD)

BEFORE ME, the undersigned authority, personally appeared _____
who, being duly sworn, deposes and says: CONTRACTOR NAME

- 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 City of Coral Springs 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 the statements herein contained are true and correct.

FURTHER, AFFIANT SAYETH NAUGHT.

SIGNATURE OF CERTIFIED CONTRACTOR CERTIFICATION NUMBER

STATE OF FLORIDA/COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____
by _____ personally known by me _____
or produced _____ as identification.

Notary Signature

Notary Name