



**UNIVERSAL
ENGINEERING SCIENCES**
 Consultants In: Geotechnical Engineering • Environmental Sciences
 Geophysical Services • Materials Testing • Threshold Inspection
 Building Code Administration, Compliance Inspection & Plan Review

Residential Re-Roof Inspection Affidavit

3532 Maggle Blvd, Orlando, FL 32811 - P: 407.423.0504 - F: 407.423.3106

Permit #: 2019-07-059

I, Bryan Hiatt hereby acknowledge that I personally inspected
 Roof deck nailing and/or Secondary water barrier work

at 3114 Flowertree Rd. Belle Isle, FL 32812
 (Job Site Address)

and have determined that the work was done according to the Florida Building Code, Existing Building section 611.

I certify that my statements herein are true and accurate to the best of my belief and that I fully understand that making any false statements in writing with the intent to mislead a public servant in the performance of his or her official duty shall constitute a misdemeanor of the second degree pursuant to Section 837.06 F.S.

[Signature]
 Signature of Contractor

11/15/2019
 Date

Bryan Hiatt
 Printed Name of Contractor

By Owner
 License #

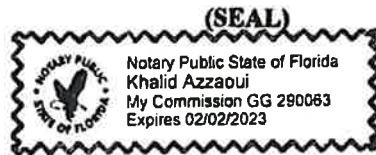
License Type: General Building Residential Roofing Contractor
 or any individual certified in accordance with F.S. 468 to make such an inspection.

STATE OF FLORIDA

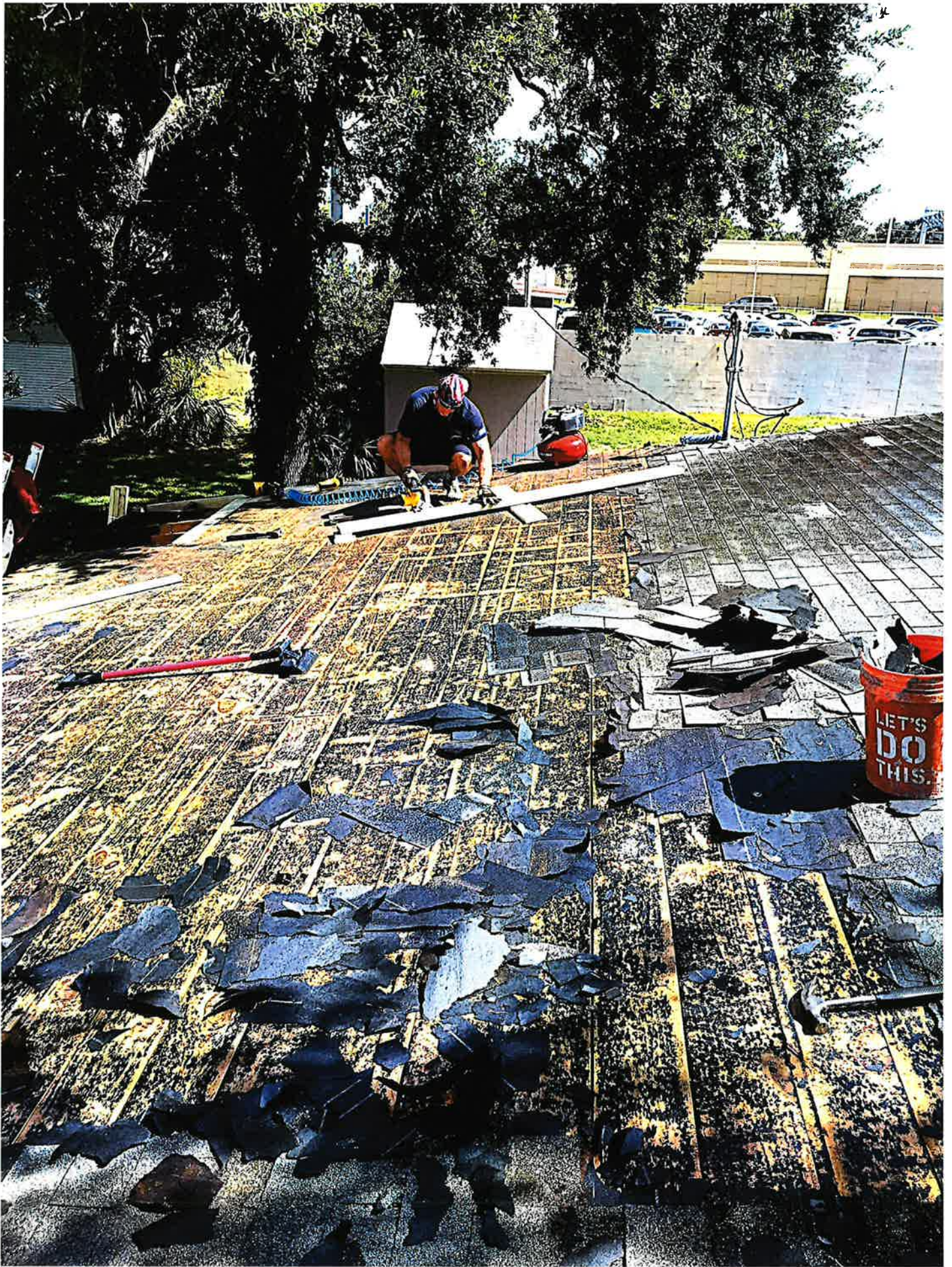
COUNTY OF ORANGE

Sworn to (or affirmed) and subscribed before me this 15 day of NOVEMBER, 2019,
 by BRYAN E. HIATT, who is Personally Known to me or has Produced
 (type of identification) DRIVER LICENSE as identification.

[Signature]
 Signature of Notary Public
 State of Florida

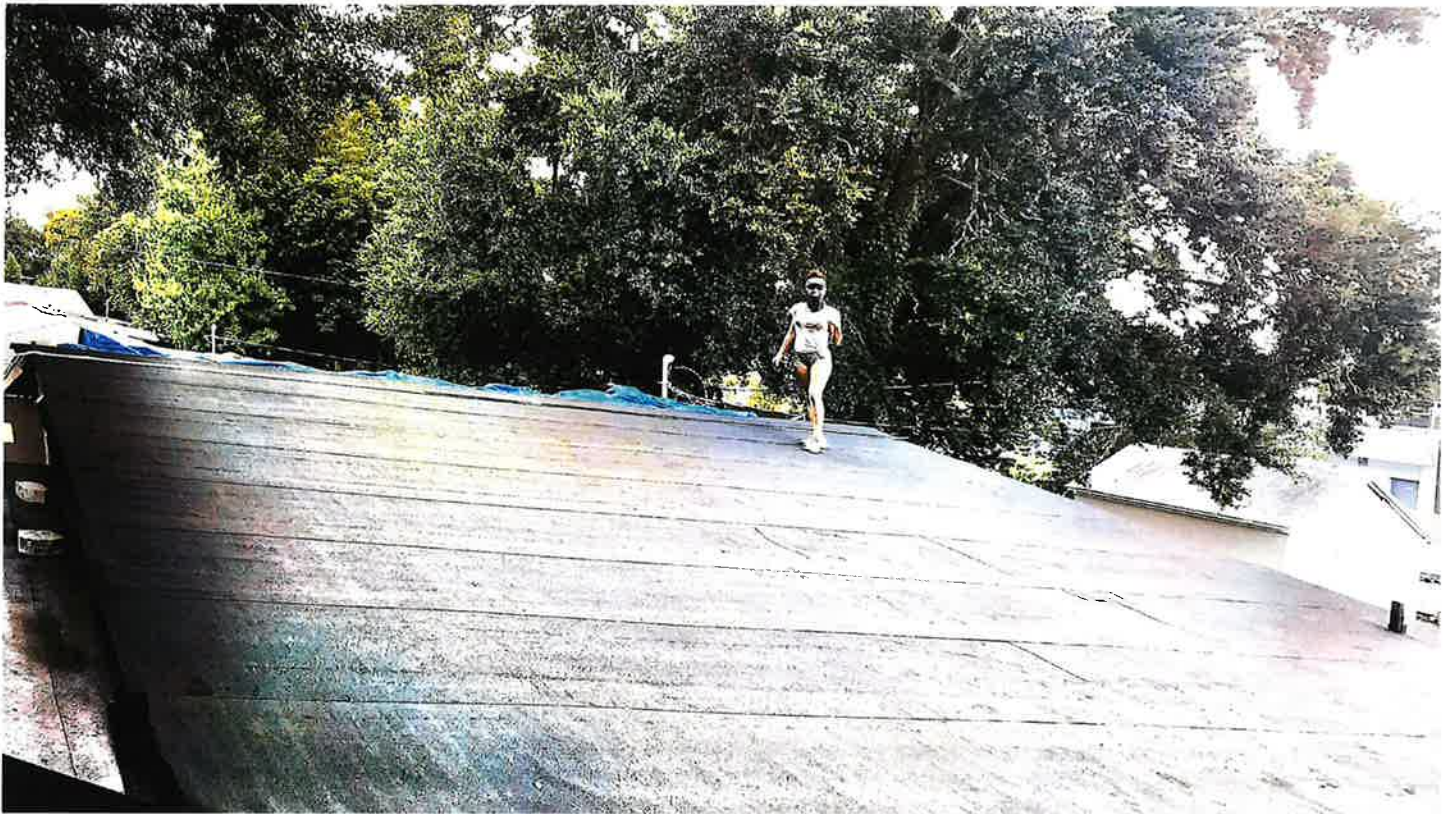


Khalid Azzaoui
 Print/Type/Stamp Name
 of Notary Public













Apex Roofing and Restoration, LLC

Florida License #CCC1331496

755 West SR 434, Suite K

Longwood, Florida 32750



LIMITED POWER OF ATTORNEY

5/08/2019

I hereby name and appoint Franky Despino, Cheryl Stephens, Shona Archer, Grant Rockett, Mary Keiser, Ryan Mays, Erin Shields, Lauren Schaefer an agent of Apex Roofing and Restoration, LLC to be my lawful attorney-in- fact to act for me to apply for, receipt for, sign for and do all things necessary to this appointment for all permits and applications submitted by this contractor.

Expiration Date for This Limited Power of Attorney: 12.31.20

License Holder Name: Robert Marriott Crocker

State License Number: CCC1331496

Signature of License Holder: _____

STATE OF North Carolina
COUNTY OF New Hanover

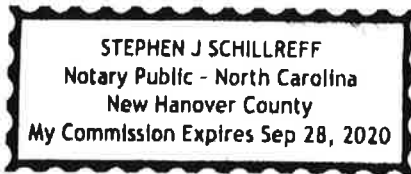
The foregoing instrument was acknowledged before me this 10 day of May, 2019, by Robert Marriott Crocker who is personally known to me or who has produced Driver's License as identification and who did (did not) take an oath.

Signature

Stephen J Schillreff

Print or type name

(Notary Seal)



Notary Public - State of North Carolina

Commission No. _____

My Commission Expires: Sep 28 2020