



MISSED INSPECTION AFFIDAVIT

Rev: 7 | Revision Date: 2/21/2024 | Print Date: 2/21/2024 I.D. Number: MIA

Lot: _____ Block: _____ Subdivision: _____

Plat Book: _____ Page: _____ Application/Permit #: _____

Address: _____

STATE OF FLORIDA - COUNTY OF BROWARD

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 City of Fort Lauderdale 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

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ___ day of _____, 202__, by (Name and title of authorized officer) for (Name of corporation), a (whatever type of corporation).

_____ 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: _____

