The Missed Inspection Affidavit form will only be accepted with prior approval from the Building Official. Please contact the Building Official at 954-828-5192 or Assistant Building Official at 954-828-6184 for approval.

Form on Page 2
MISSED INSPECTION AFFIDAVIT

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)

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 and official seal.

__________________________ NOTARY PUBLIC

SEAL OF OFFICE:

☐Personally known to me, or ☐Produced Identification

☐Oath taken ☐Oath not taken

Reviewed By: ____________________________ (Building Official), Date: __________________

Reviewed By: ____________________________ (Chief Inspector), Date: __________________

Approval by: John Travers 

Uncontrolled in hard copy unless otherwise marked