



AFFIDAVIT OF COMPLIANCE WITH ROOF-TO-WALL CONNECTION
Hurricane Mitigation Retrofit for Existing Site-Built
Single Family Residential Structures

Table with 4 columns: OWNER'S NAME, ROOFING PERMIT NUMBER, DATE, PROPERTY ADDRESS, CITY, STATE, ZIP

Dear Building Official:

I, \_\_\_\_\_ qualifying agent, certify that I have improved the roof-to-wall connections of the referenced property using one of the prescriptive retrofit solutions provided in Florida Building Code, Existing Volume Sections 706.8.1.1 through 706.8.1.7.

Signature of Qualifying Agent \_\_\_\_\_

Print Name \_\_\_\_\_

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me by means of

[ ] physical presence OR [ ] online notarizations

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

by \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

Print Name \_\_\_\_\_

Personally known \_\_\_\_\_

or Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

NOTARY
(SEAL)