



**OWNER'S AFFIDAVIT OF EXEMPTION**  
**Roof-to-Wall Connection Hurricane Mitigation Retrofit for Existing**  
**Site-Built Single Family Residential Structures**

OWNER'S NAME	ROOFING PERMIT NUMBER	DATE
PROPERTY ADDRESS	CITY	STATE
		ZIP

Dear Building Official:

I, \_\_\_\_\_ property owner, certify that I am not required to retrofit the roof-to-wall connections of my building because of one of the following reasons (select one):

- ☐ The building has an insured value of \$300,000 or less. **(Provide copy of homeowner's insurance), OR**
- ☐ Is uninsured or I cannot provide insurance documentation, and the just value of the structure for purposes of ad valorem taxation is less than \$300,000. **(Provide a copy of the Miami-Dade County Property Appraiser's Assessment), OR**
- ☐ The building was constructed in compliance with the provisions of the Florida Building Code (FBC) or with the provisions of the 1994 edition of the South Florida Building Code (1994 SFBC). **(Provide a copy of the building permit) & (If built before 1994 provide a compliance letter from a Florida Registered Engineer or Architect), OR**
- ☐ The roof-to-wall connections at gables ends or all corners cannot be completed for 15% of the cost of roof replacement. **(Provide an estimate of costs for retrofit by a General/Roofing Contractor)**

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
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 \_\_\_\_\_

**NOTARY**  
**(SEAL)**

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

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

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