



BUILDING DEPARTMENT

CERTIFICATE OF COMPLIANCE-ROOFING AFFIDAVIT

Job Address: _____ Permit No. _____

Name of Roofing Company: _____

Name of Qualifier: _____ License No.: _____

Address: _____

I hereby certify to the City of Doral Building Department that all portions of the above described roof improvements, covered and unseen by the roofing inspector during "in-progress" inspections, was constructed and/or installed in accordance with approved plans, specifications and product control approval as per Florida Building Code.

Qualifier Signature

Date

_____, having first been duly sworn, does affirm
(Print Name of Qualifier/Contractor)

the statement above to be true and correct by his own personal knowledge.

Notary

(Seal/Stamp)

Date

☐ Personally known to me

☐ Produced photo ID – Type of ID _____



BUILDING DEPARTMENT

**AFFIDAVIT OF COMPLIANCE
ROOF-TO-WALL CONNECTION**

**HURRICANE MITIGATION RETROFIT FOR EXISTING SITE-BUILT SINGLE FAMILY
RESIDENTIAL STRUCTURES PURSUANT TO SECTION 553.844 F.S.**

Job Address: _____ Permit No.: _____

Name of Company: _____

Name of Qualifier: _____ License No.: _____

Company Address: _____

Dear Building Official:

I _____ (qualifier), certify that I have improved the roof-to-wall connections of the referenced property as required by the **"Manual of Hurricane Mitigation Retrofits for Existing Site-Built Single Family Residential Structures"** as adopted by the Florida Building Commission by Rule 9B-3.047 F.A.C.

Qualifier Signature

Date

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____ day of _____,
20_____, (SEAL)

Personally known

or Produced Identification

Notary Public

This affidavit is required for a non-exempt structure of single family residences. This affidavit must be completed by a general, building, or residential contractor. An evaluation and solution must be performed by a State of Florida Professional Engineer or Registered Architect and submitted with initial roofing permit application. When following the prescriptive sections of the manual, a General, Building, or Residential Contractor may also provide evaluation and solution.

This affidavit will be collected by the field inspector at the Building Sub-permit final inspection.



**BUILDING DEPARTMENT
OWNER'S AFFIDAVIT OF EXEMPTION**

**ROOF-TO-WALL CONNECTION
HURRICANE MITIGATION RETROFIT FOR EXISTING SITE-BUILT SINGLE FAMILY
RESIDENTIAL STRUCTURES PURSUANT TO SECTION 553.844 F.S.**

Owner's Name: _____

Property Address: _____

City, State, Zip: _____

Process Number: _____

Dear Building Official:

I _____ (owner's name), certify that I am not required to retrofit the roof-to-wall connections of my building because:

☐ - The just valuation of the structure for purposes of ad valorem taxation or insurance is less than \$300,000.00.

☐ - 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).

Signature of Property Owner

Date

Print Name of Owner

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____ day of _____,
20_____, (SEAL)

Personally known

or Produced Identification

Notary Public

This affidavit must be completed when the owner is exempt from retrofitting the roof-to-wall connection due to the just valuation of the structure for purposes of ad valorem taxation or insurance is less than \$300,000.00 or the building was constructed in compliance with the Florida Building Code or with the 1994 South Florida Building Code of single family residences. Otherwise, an affidavit of Roof-to-Wall Connection Hurricane Mitigation Retrofit must be provided.

This affidavit must be submitted at the time of Roofing Permit Application.



BUILDING DEPARTMENT

**AFFIDAVIT OF COMPLIANCE
ROOF DECKING ATTACHMENT AND SECONDARY WATER BARRIER
HURRICANE MITIGATION RETROFIT FOR EXISTING SITE-BUILT SINGLE FAMILY
RESIDENTIAL STRUCTURES PURSUANT TO SECTION 553.844 F.S.**

Job Address: _____ Permit No.: _____

Name of Roofing Company: _____

Name of Qualifier: _____ License No.: _____

Company Address: _____

Dear Building Official,

I _____ (qualifier), do hereby certify that I have personally inspected the roof decking attachment and fasteners have been strengthened and corrected and a secondary water barrier has been provided as required by the "**Manual of Hurricane Mitigation Retrofits for Existing Site-Built Single Family Structures**" based on 553.844 F.S. and adopted by the Florida Building Commission by Rule 9B-3.047 F.A.C.

Qualifier Signature

Date

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____ day of _____,
20_____, (SEAL)

Personally known
or Produced Identification

Notary Public

This affidavit must be completed by the roofing permit holder and is required for all re-roofing work relating to single family residences.

This affidavit is to be collected by field inspector at first anchor/base sheet roofing inspection.