

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

To: Miami-Dade County Building Department
11805 Coral Way, Suite 111
Miami, FL 33175

Re: Owner's Name _____
Property Address _____
Roofing Permit Number _____

Dear Building Official:

I _____, 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.

Signature of Qualifying Agent

Print Name

License Number

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____

day of _____, 20_____.

(SEAL)

____ Personally known
____ or Produced Identification