



BUILDING AND PERMITTING SERVICES DIVISION HURRICANE MITIGATION AFFIDAVIT - PRESCRIPTIVE METHOD

Prescriptive Method: To comply with Section 706.8 Florida Existing Building Code Eighth Edition (2023), Roof-to-wall connections on an existing structure with a sawn lumber, wood plank or wood structural panel roof deck.

Options 1, or 2 must be completed by one of the following: Florida Professional Engineer, Registered Architect, Licensed General Contractor, Building Contractor, Residential Contractor, or persons certified in the structural discipline under FS468 excluding Standard Roofing Inspector prior to a final building inspection. Where mandated retrofits are required pursuant to F.B.C. 2023 Eighth Edition Existing Building Section 706.8 and Broward County Amendments, the intersection of roof framing with wall below shall be improved as specified in Table 706.8.1. As an alternative to an engineered design, the prescriptive retrofit solutions provided in Sections 706.8.1.3 through 706.8.1.6 shall be accepted as meeting the mandated roof-to-wall retrofit requirements pending hurricane mitigation inspection and after completion or verification of Option 1, or Option 2.

Option 1 Hurricane Retrofit Mitigation Building Permit Number _____.

I hereby certify the retrofits have been installed as described per the following method: Metal connectors, clips straps, fasteners were installed under my supervision; and the Mitigation Retrofits are installed in compliance with the prescriptive methods of 706.8.1.3 through 706.8.1.6. Existing anchors were found to have _____ (# of) fasteners and additional fasteners were installed to make a total of _____ per anchor. Photos are provided with this affidavit for verification. Additional anchors (Manufacturer and Model No.) _____ were installed using (Quantity, Size & Type) _____ fasteners. If other methods of retrofitting were used describe in detail and attach additional sheets. Mitigation Retrofit for the replacement of roofing system at _____ is true and accurate and this inspection and work was done be me or under my direct supervision.

Qualifier's Name (Print) _____ Qualifier's Signature _____

License # _____ Date _____

STATE OF FLORIDA Broward County The foregoing instrument was acknowledged before me on this (Date) _____ by whom is personally known to me:

(Name) _____ Notary stamp:

Option 2 Hurricane Retrofit Mitigation Building Permit Number _____.

The existing straps were verified to have _____ (# of) _____ type of fasteners per strap and additional fasteners are not required. I am providing photo documentation and a report affirming that the inspection was performed and by what method or means those systems were inspected inclusive of the existing metal connectors, clips straps, fasteners, and what were those findings. By my signature below, I affirm and certify that the above applicable information for Hurricane Mitigation Retrofit for the replacement of roofing system at _____ is true and accurate and this inspection and work was done be me or under my direct supervision.

Qualifier's Name (Print) _____ Qualifier's Signature _____

License # _____ Date _____

STATE OF FLORIDA Broward County The foregoing instrument was acknowledged before me on this (Date) _____ by whom is personally known to me:

(Name) _____ Notary stamp:



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(continued)

Option 3 Hurricane Retrofit Mitigation Building Permit Number _____. To be completed by roofing contractor applying for the exception per 706.8.1 Florida Existing Building Code 8th Edition (2023): I have determined that the cost to install connections at gable ends, or all corners cannot be completed for 15 percent of the cost of roof replacement. I am aware of the prescriptive retrofit solutions provided in Sections 706.8.1.3 through 706.8.1.6 and 706.8.1.7 of Florida Existing Building Code 8th Edition (2023) priority for mandated roof-to-wall retrofit expenditures and have submitted supporting documentation including a verifiable cost estimate. Therefore, I am applying for a re-roof permit under this exception and hereby attest that the claim and investigation for the replacement of roofing system at _____ is true and accurate and this inspection and determination of exemption was done by me or under my direct supervision.

Qualifier's Name (Print) _____ Qualifier's Signature _____

License # _____ Date _____

STATE OF FLORIDA Broward County The foregoing instrument was acknowledged before me on this (Date) _____ by whom is personally known to me:

(Name) _____ Notary stamp