

CITY OF HOMESTEAD
DEVELOPMENT SERVICES
PERMITTING HOURS
MONDAY – FRIDAY
7:30 A.M. – 4:30 P.M.



100 CIVIC COURT
HOMESTEAD, FLORIDA 33030
T.305.224.4500

ROOFING CHECKLIST

DEVELOPMENT SERVICES
ALL DOCUMENTS MUST BE SUBMITTED ELECTRONICALLY TO
Permits@homesteadfl.gov

- Completed Permit Application – Owner’s and Contractor’s signature notarized.
- Contractor’s License and Insurance must be current.
- Folio # is required on Permit Application.
- Proof of ownership if applicable.
- Owner/Builder Affidavit if applicable - only shingle roofs
- Miami-Dade County NOA for roofing system.
- Roofing Appendix for commercial or residential as applicable.
- Asbestos survey and Miami-Dade County approval for commercial re-roof permits.
- Notice of Commencement, if applicable for jobs over \$2,500 (Required by the first inspection at job site).

REVIEW PROCESS

1. Roofing section review

WWW.HOMESTEADFL.GOV

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Master Permit No. _____

Permit approved by: _____

Sub-Permit No. _____

INSTRUCTIONS – THE FOLLOWING STEPS MUST BE TAKEN TO OBTAIN A PERMIT

- STEP 1.** Complete the permit application which must be signed by the property owner and qualifier. Both signature(s) must be notarized. Please print or type to allow for a more accurate processing of your application
- STEP 2.** Submit the completed application with all necessary documents to the Building Safety Division for processing. During the processing of your application, you may be asked to submit additional information.

BUILDING PERMIT APPLICATION

Job Address: _____
Address Apt/Unit City State Zip

Folio: _____ **Description of Work:** _____

Lot: _____ Block: _____ PB: _____ PG: _____

Subdivision: _____

Current Use of Property: _____

Tenant Information _____ **Job Value: \$** _____

Mall Unit Number: _____ New Constr SF: _____ Alt/Remodel SF: _____

Permit Type (✓)		Permit Change (✓)		Type of Improvement (✓)		
Building	Shop Drawings	Change of Contractor		New Construction	Shed	
Electrical	Tree Removal	Renewal		Alteration/Remodel	Fence	
Mechanical	Other:	Revision		Repair/Replace	Sign	
Plumbing		Extension		Demolition	Shell Only	
Roofing		Other:		Other:		

Property Owner/Fee Simple Titleholder

Name: _____

Address: _____

Telephone: _____

Email: _____

Contractor

Name: _____

License No.: _____

Address: _____

Telephone: _____

Email: _____

Architect/Engineer

Name: _____

License No.: _____

Address: _____

Telephone: _____

Email: _____

Bonding/Mortgage Lender

Bonding Company: _____

Address: _____

Mortgage Lender: _____

Address: _____

IMPORTANT NOTICES

1. DO NOT BEGIN ANY WORK WITHOUT HAVING RECEIVED YOUR VALIDATED PERMIT AND PERMIT CARD. Applying for a permit does not grant the right to begin construction. HOURS OF CONSTRUCTION are limited to the hours of 7:00 a.m. to 7:00 p.m. No inspections will be conducted on weekends or holidays.
2. All construction and/ or demolition areas MUST BE MAINTAINED IN A CLEAN, NEAT AND SANITARY CONDITION free from construction debris.
3. All construction debris must be removed from the site by a hauler licensed with the City of Homestead.
4. STREETS AND NEIGHBORING PROPERTIES SHALL BE KEPT FREE FROM DIRT AND DEBRIS.
5. SWALES MUST BE PROTECTED FROM BEING DAMAGED BY EQUIPMENT OR VEHICLES.
6. CONSTRUCTION TRAILERS require a separate permit.
7. PORTABLE TOILETS for a construction site require a separate permit.
8. DO NOT DISCHARGE WATER INTO THE RIGHT OF WAY OR STORM DRAINS.
9. EQUIPMENT AND MATERIALS SHALL BE STORED within your property, not on public right of way.
10. Florida Department of Health approval is required for applications involving septic tanks. Department of Environmental Resources Management (DERM) and/or Miami -Dade Water and Sewer Department (MDWASD) approval is required for applications involving sewers and water.

AFFIDAVIT – PLEASE READ CAREFULLY

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. I, the OWNER of the property, understand that a permit application is subject to denial and a validated permit or permit card is subject to revocation or modification based upon applicable deeds, covenants, declarations, easements and any other legal restriction. By issuing a permit, the City of Homestead makes no representation as to the existence or validity of any property restriction.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

The Notice of Commencement must be recorded at: 22 N.W. 1st Street, 1st floor (305) 275-1155 extension 6; once recorded, **MUST BE POSTED AT THE JOB SITE** in accordance with Section 713.35 of Florida Statutes. Failure to comply with this lien law may result in the property owner paying twice for the building improvements.

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

Signature of Owner

Signature of Contractor/Qualifier

Print Name

Print Name

Sworn to and subscribed before me this _____
day of _____ 20____

Sworn to and subscribed before me this _____
day of _____ 20____

Signature of Notary Public – State of Florida
SEAL:

Signature of Notary Public – State of Florida
SEAL:

Personally known OR, Produced Identification _____
Type of Identification Produced: _____

Personally known OR, Produced Identification _____
Type of Identification Produced: _____

INSTRUCTIONS: Please indicate the type of work being performed and quantities in the space provided below

Mechanical	QTY
Air Conditioning - Central (Tons)	
Air Conditioning - Cooling Tower (Tons)	
Air Conditioning - Wall Unit	
AC - Central Heating (K.W. & number of units)	
Condensate Drain	
Diesel Tank (Storage)	
Dryer Vent	
Duct Work (Cost)	
Exhaust - Bath	
Exhaust - Kitchen	
Fire Place	
Fire Sprinklers Systems	
Fire Suppression Systems	
Furnaces & Heating Equipment	
Grease Ductwork	
Hoods (Cost)	
Insulation Wrap	
Mechanical Ventilation (Cost)	
Piping for Flammable Liquids	
Pneumatic Tube Conveyer	
Pool Heater	
Processing & Pressurizing Piping (Cost)	
Refrigeration (Tons)	
Smoke	
Spray Booth	
Unfired Pressure Vessels (H.P.)	
Other: (Cost)	

Fence	L.F.	Height
Chain-link		
Wood		
PVC		
Other:		
Does fence go around pool (circle one)	YES	NO

Sign	QTY	Size
Banner (30 Days Only)		
Canopy		
Face Change out		
Monument		
Political		
Wall Mounted		
Flag		

Roofing	S.F.
BUR, Flat	
Shingle	
Tile	
Metal, foam, LWIC	
Other (please specify)	

Shutters	QTY
Accordion	
Bahama	
Decorative	
Storm Panels	
Other	



COMMERCIAL ROOFING APPLICATION & PACKET INFORMATION

As of December 21, 2023, the Building Code for City of Homestead has been changed to the 2023 Florida Building Code High Velocity Hurricane Zone Requirements.

- The 8th Edition (2023) Florida Building Code includes several key changes to the requirements for roof assemblies. Many changes strengthen the code to improve the resistance wind and water infiltration damage. Several of the changes apply to both new construction and roof replacement.
- Summary of key changes:
 - Changes to roofing underlayment (sealed roof deck)
 - Changes to wind loads on roofs (ASCE 7-22)
 - Roof mitigation
 - Roof diaphragms resisting wind loads in high wind regions
 - Soffits
 - Cable- and raceway-type wiring methods on roofs
- All roofing work done shall be in accordance with the **Dade County and State of Florida Notices of Acceptance and Roof Application Standards (R.A.S.)**.
- Other components such as roof vents must have **Notices of Acceptance** at time of permit.
- Gutters are required to be added to all roofs having a six (6) inch or less overhang eave.
- All Re-roofs require an “**Owner Notification for Roofing Considerations**” form filled at time of permit. (See Attached)
- Tile roofing permits require uplift calculations using method 1, 2, or 3 of Section E in the **Uniform Permit Application**.
- All nails used for roofing are to be ringshank and meet **ASTM G85 standards** for corrosion resistance.
- Adhesive set and mortar set tile roofs require uplift test to be performed before final approval.
- Hot mop inspections are required in progress for all deck types.
- Shingle roofs cannot be applied to roofs over 33 feet in mean height unless allowed by N.O.A.
- You will need to purchase a copy of the 2023 Florida Building Code and “Test Protocols for High Velocity Hurricane Zones” to understand all requirements



REQUIRED OWNERS NOTIFICATION FOR ROOFING CONSIDERATIONS

It is the responsibility of the roofing contractor to provide the owner with the required roofing permit, and to explain to the owner the content of this form. The owner's initials in the designated space indicates that the item has been explained.

- _____ **1 Aesthetics-workmanship:** The workmanship provisions of Chapter 15 (High Velocity Hurricane Zone) are for the purpose of providing that the roofing system meets the wind resistance and water intrusion performance standards. Aesthetics (appearance) are not a consideration with respect to workmanship provisions. Aesthetic issues such as color or architectural appearance, that are not part of a zoning code, should be addressed as part of the agreement between the owner and the contractor.
- _____ **2 Renailing wood decks:** When replacing roofing, the existing wood roof deck may have to be renailed in accordance with the current provisions of Chapter 16 (High Velocity Hurricane Zones) of the Florida Building Code. (The roof deck is usually concealed prior to removing the existing roof system).
- _____ **3 Common roofs:** Common roofs are those which have no visible delineation between neighboring units (i.e. townhouses, condominiums, etc.). In buildings with common roofs, the roofing contractor and/or owner should notify the occupants of adjacent units of roofing work to be performed.
- _____ **4 Exposed ceilings:** Exposed, open beam ceilings are where the underside of the roof decking can be viewed from below. The owner may wish to maintain the architectural appearance; therefore, roofing nail penetrations of the underside of the decking may not be acceptable. The owner provides the option of maintaining this appearance
- _____ **5 Ponding water:** The current roof system and/or deck of the building may not drain well and may cause water to pond (accumulate) in low-lying areas of the roof. Ponding can be an indication of structural distress and may require the review of a professional structural engineer. Ponding may shorten the life expectancy and performance of the new roofing system. Ponding conditions may not be evident until the original roofing system is removed. Ponding conditions should be corrected.
- _____ **6 Overflow scuppers (wall outlets):** It is required that rainwater flow off so that the roof is not overloaded from a build up of water. Perimeter/edge walls or other roof extensions may block this discharge if overflow scuppers (wall outlets) are not provided. It may be necessary to install overflow scuppers in accordance with the requirements of: Chapter 15 and 16 herein and the Florida Building Code, Plumbing.
- _____ **7 Ventilation:** Most roof structures should have some ability to vent natural airflow through the interior of the structural assembly (the building itself). The existing amount of attic ventilation shall not be reduced.
- _____ **8 Existing Solar Systems:** The re-installation of an existing roof mounted photovoltaic system requires a separate permit. Permit must be obtained in order to finalize the roofing permit.

OWNER'S / AGENT'S SIGNATURE

_____/_____/_____
DATE

CONTRACTOR'S SIGNATURE

PERMIT NUMBER

PROPERTY ADDRESS

STATE

ZIP

Florida Building Code 8th Edition (2023)
High Velocity Hurricane Zone Uniform Roofing Application Form

INSTRUCTION PAGE

**COMPLETE THE NECESSARY SECTIONS OF THE UNIFORM ROOFING PERMIT APPLICATION FORM AND
ATTACH THE REQUIRED DOCUMENTS BELOW:**

Roof System	Required Sections of the Permit Application Form	Attachments Required See List Below
Low Slope Application	A,B,C	1,2,3,4,5,6,7
Asphaltic Shingles	A,B,D	1,2,4,5,6,7
Concrete or Clay Tile	A,B,D,E	1,2,3,4,5,6,7
Metal Roofs	A,B,D	1,2,3,4,5,6,7
Wood Shingles and Shakes	A,B,D	1,2,4,5,6,7
Other	As Applicable	1,2,3,4,5,6,7

ATTACHMENTS REQUIRED:

1.	Fire Directory Listing Page
2.	From Product Approval: Front Page Specific System Description Specific System Limitations General Limitations Applicable Detail Drawings
3.	Design calculations per Chapter 16, or if applicable, RAS 127 or RAS 128
4.	Other Component Product Approval
5.	Municipal Permit Application
6.	Owner's Notification for Roofing Considerations (Reroofing Only)
7.	Any Required Roof Testing / Calculation Documentation

Florida Building Code 8th Edition (2023)
High Velocity Hurricane Zone Uniform Roofing Application Form

Section A (General Information)

Master Permit Number: _____ Process Number: _____

Contractor's Name: _____

Job Address: _____

ROOF CATEGORY

- | | | |
|---|---|---|
| <input type="checkbox"/> Low Slope | <input type="checkbox"/> Mechanically Fastened Tile | <input type="checkbox"/> Mortar / Adhesive Set Tile |
| <input type="checkbox"/> Asphaltic Shingles | <input type="checkbox"/> Metal Panel/ Shingles | <input type="checkbox"/> Wood Shingles / Shakes |

ROOF TYPE

- | | | | | |
|-----------------------------------|---------------------------------|--------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> New Roof | <input type="checkbox"/> Repair | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Reroofing | <input type="checkbox"/> Recovering |
|-----------------------------------|---------------------------------|--------------------------------------|------------------------------------|-------------------------------------|

ROOF SYSTEM INFORMATION

Low Slope Roof Area (ft ²)	Steep Sloped Roof Area (ft ²)	Total (ft ²)
_____	_____	_____

Are there gas vents on the roof? Yes No If Yes what type? Natural LPX
Is there an existing roof top Solar System? Yes No If yes will it be reinstalled? Yes No

Section B (Roof Plan)

Sketch Roof Plan: Illustrate all levels and sections, roof drains, scuppers, overflow scuppers and overflow drains. Include dimensions of sections and levels, clearly identify dimensions of elevated pressure zones and location of parapets.

Florida Building Code 8th Edition (2023)
High Velocity Hurricane Zone Uniform Roofing Application Form

Section C (Low Sloped Roof Systems)

Fill in Specific Roof Assembly Components and Identify manufacturer (If a component is not used, identify as "NA")

System Manufacturer: _____

Product Approval # _____

Design Wind Pressures, from RAS 128 or Calculations:

Zone 1': _____ Zone 1: _____ Zone 2: _____

Zone 3: _____

Max. Design Pressure, from the specific product approval system: _____

Deck Type: _____

Gauge / Thickness: _____

Slope: _____

Anchor/ Base Sheet & No. of Ply(s): _____

Anchor/ Base Sheet Fastener/ Bonding Material: _____

Insulation Base Layer: _____

Base Insulation Size and Thickness: _____

Base Insulation Fastener/ Bonding Material: _____

Top Insulation Layer: _____

Top Insulation Size and Thickness: _____

Top Insulation Fastener/Bonding Material: _____

Base Sheet(s) & No. of Ply(s): _____

Base Sheet Fastener/ Bonding Material: _____

Ply Sheet(s) and No. of Ply(s): _____

Ply Sheet Fastener/ Bonding Material: _____

Top Ply: _____

Top Ply Fastener/ Bonding Material: _____

Surfacing: _____

Fastener Spacing for Anchor/Base Sheet Attachment:

Zone 1' _____ " oc @ Laps, # Rows _____ @ _____ " oc

Zone 1 _____ " oc @ Laps, # Rows _____ @ _____ " oc

Zone 2 _____ " oc @ Laps # Rows _____ @ _____ " oc

Zone 3 _____ " oc @ Laps, # Rows _____ @ _____ " oc

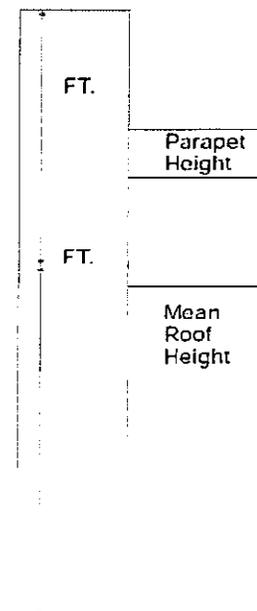
Number of Fasteners Per Insulation Board

Zone 1': _____ Zone 1: _____ Zone 2: _____ Zone 3: _____

Illustrated Components Noted and Details as Applicable:

Wood blocking, Gutter, Edge Termination, Stripping, Flashing, Continuous Cleat, Cant Strip, Base Flashing, Counterflashing, Coping, Etc.

Indicate: Mean Roof Height, Parapet Height, Height Base Flashing, Component Material, Material Thickness, Fastener Type, Fastener Spacing or Submit Manufactures Details that Comply with RAS 111 and Chapter 16.



Florida Building Code 8th Edition (2023)
High Velocity Hurricane Zone Uniform Roofing Application Form

Section D (Steep Sloped Roof System)

Roof System Manufacturer: _____

Product Control Number: _____

Minimum Design Wind Pressures, From Applicable RAS 127 Table or Calculations:

Zone1: _____ Zone 2: _____ Zone3: _____

Slope Range: $\geq 2:12$ to $\leq 4:12$ $> 4:12$ to $\leq 6:12$ $> 6:12$ to $\leq 12:12$

Roof Shape: All Hip Roof Gable Roof or Partial Gable/Hip Roof

Deck Type:

Underlayment Type:

Roof Slope:
_____: 12

Insulation:

Fire Barrier:

Ridge Ventilation?

Fastener Type & Spacing:

Cap Sheet Type:

Mean Roof Height: _____

Cap Sheet Attachment:

Roof Covering:

Drip Edge Type & Size:

**Florida Building Code 8th Edition (2023)
High Velocity Hurricane Zone Uniform Roofing Application Form**

Section E (Tile Calculations)

For Moment based tile systems, choose Method 1. Compare the values for M_r with the values from M_r . If the M_r values are greater than or equal to the M_r values for each area of the roof, then the tile attachment method is acceptable.

Method 1* "Moment Based Tile Calculations per RAS 127"

Enter positive uplift pressures when using this table

(Zone 1: _____ x λ _____ = _____) – Mg: _____ = M_{rt} _____ Product Approval M_f : _____

(Zone 2: _____ x λ _____ = _____) – Mg: _____ = M_{r2e} _____ Product Approval M_f : _____

(Zone 3: _____ x λ _____ = _____) – Mg: _____ = M_{r2n} _____ Product Approval M_f : _____

Tile attachment method:

Alternate Tile attachment method :

***Method 2 "Simplified Tile Calculations" only applicable in Broward County.**

For Uplift Based tile systems use Method 3. Compare the values for F' with the values for F_r . If the F' values are greater than or equal to the F_r values for each area of the roof, then the tile attachment method is acceptable.

Method 3* "Uplift Based Tile Calculations per RAS 127"

(Zone 1: _____ x L = _____ x W = _____) – (w) x cos θ _____) = F_{r1} _____ Product Approval F' : _____

(Zone 2: _____ x L = _____ x W = _____) – (w) x cos θ _____) = F_{r2} _____ Product Approval F' : _____

(Zone 3: _____ x L = _____ x W = _____) – (w) x cos θ _____) = F_{r3} _____ Product Approval F' : _____

Where to obtain information		
Description	Symbol	Where to Find
Design Pressure	Zones 1, 2, & 3	From the applicable Table in RAS- 127 or be an engineering analysis prepared by a PE based upon ASCE 7
Mean Roof Height	H	Job Site
Roof Slope	θ	Job Site
Aerodynamic Multiplier	λ	Product Approval / Notice of Acceptance
Restoring Moment due to Gravity	M_g	Product Approval / Notice of Acceptance
Attachment Resistance	M_t	Product Approval / Notice of Acceptance
Required Moment Resistance	M_r	Calculated
Minimum Attachment Resistance	F'	Product Approval / Notice of Acceptance
Required Uplift Resistance	F_r	Calculated
Average Tile Weight	w	Product Approval / Notice of Acceptance
Tile Dimensions	L=Length W= Width	Product Approval / Notice of Acceptance
All calculations must be submitted to the Building Official at the time of permit application.		

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AFFIDAVIT OF COMPLIANCE WITH 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.

To: City of Homestead
Development Services
100 Civic Court
Homestead FL 33030

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

Dear Building Official:

I _____ certify that 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" adopted by the Florida Building Commission by Rule 9B-3.047 F.A.C.

Signature of Qualifying Agent

Print Name

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____ day of _____, 20____,

Signature of Notary Public

SEAL:

Personally known Or Produced Identification

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**OWNER'S AFFIDAVIT OF EXEMPTION
ROOF TO WALL CONNECTION HURRICANE MITIGATION RETROFIT FOR EXISTING SITEBUILT
SINGLE FAMILY RESIDENTIAL STRUCTURES PURSUANT TO SECTION 553.844 F.S.**

To: City of Homestead
Development Services
100 Civic Court
Homestead FL 33030

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

Dear Building Official:

I _____ certify that I am not required to retrofit the roof to wall connections of my building because:

- The just valuation for the structure for purposes of ad valorem taxation 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

Print Name

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____ day of _____, 20____,

Signature of Notary Public

SEAL:

Personally known Or Produced Identification

When the just valuation of the structure for purposes of ad valorem taxation is equal to or more than \$300,000.00, and the building was not constructed in compliance with the FBC nor with 1994 SFBC, and affidavit of Roof to Wall Connection Hurricane Mitigation Retrofit must be provided.

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

To: City of Homestead
Development Services
100 Civic Court
Homestead FL 33030

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____,

Signature of Notary Public
SEAL:

Personally known Or Produced Identification