Required Permit Applications:

Building Permit

Permit Review Stops:

- Building
- Mechanical
- □ Flood

Minimum Plan Submittal

- Notice of Commencement if job cost is \$5,000 or more (filed at Broward County Government Center East, Room 114, 115 S. Andrews Avenue, Fort Lauderdale, FL).
- Completed <u>roofing application packet</u>
- Miami-Dade County Notice of Acceptance (product approvals)
 obtained from point of purchase (please circle appropriate
 information instead of highlighting)

Re-roofs (ALL)

- <u>Statement of Responsibilities Regarding Asbestos form</u>, obtained at Broward County Natural Resources Division(NRD) e-Permits Online.
- □ Rooftop Equipment Affidavit
- ☐ For lightweight concrete installation, please use <u>Lightweight Concrete</u> <u>Installation Packet</u>

Re-Roofs (single-family residence) with an assessed value of \$300,000 or more require:

- One (1) copy of the <u>Broward County Property Appraiser's</u> assessed valuation of the building
- □ <u>Hurricane Mitigation Affidavit</u> (completed and notarized)
 - a. Option 1: Enhanced roof to wall connections; due prior to final inspection.
 - b. Option 2: Verification of existing roof to wall connections; due at application submittal or prior to final inspection

*Please note that this checklist is not intended to be all-inclusive. Due to changes in codes, regulations, and ordinances, other requirements may apply.



BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Sele	ect One Trade: Building Electrical	Plui	mbing	Mechanical	Other	
Арр	lication Number:				Application Date:	
	Job Address:		Unit:		City:	
	Tax Folio No.: Flood Zn:	BFE:	Floor Are	a:	Job Va	alue:
	Building Use:		Construction 7	Гуре:	Occu	ipancy Group:
1	Present Use:		Proposed	Use:		
	Description of Work:					
	New Addition Repair	Alteration	Demo	lition	Revision	Other:
	Legal Description:					Attachment
2	Property Owner:	Phone:		En	nail:	
	Owner's Address:		City:		State: _	Zip:
	Contracting Co.:	Phone:		En	nail:	
3	Company Address:		City:		State: _	Zip:
	Qualifier's Name:			Owner-Builde	er License Nur	mber:
	Architect/Engineer's Name:	PI	none:		Email:	
	Architect/Engineer's Address:		City:		State:	Zip:
	Bonding Company:					
4	Bonding Company's Address:		City:		State:	Zip:
	Fee Simple Titleholder's Name (If other than the owner)					
	Fee Simple Titleholder's Name (If other than the owner)		City:		State: _	Zip:
	Mortgage Lender's Name:					
	Mortgage Lender's Address:		City:		State:	Zip:

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Job Address: Ur	it: City:
has commenced prior to the issuance of a permit and that all we	nd installations as indicated. I certify that no work or installation ork will be performed to meet the standards of all laws regulating permit must be secured for ELECTRICAL WORK, PLUMBING, TANKS, and AIR CONDITIONERS, etc.
OWNER'S AFFIDAVIT: I certify that all the foregoing informati all applicable laws regulating construction and zoning.	on is accurate and that all work will be done in compliance with
PAYING TWICE FOR IMPROVEMENTS TO YOUR PR RECORDED AND POSTED ON THE JOB SITE BEFORE	NOTICE OF COMMENCEMENT MAY RESULT IN YOUR OPERTY. A NOTICE OF COMMENCEMENT MUST BE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN AN ATTORNEY BEFORE COMMENCING WORK OR
x	x
Signature of Property Owner or Agent (Including Contractor)	Signature of Qualifier
STATE OF FLORIDA COUNTY OF	STATE OF FLORIDA COUNTY OF
Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this day of	Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this day of
, 20 by	, 20 by
(Type/Print Property Owner or Agent Name)	(Type/Print Qualifier or Agent Name)
NOTARY'S SIGNATURE as to Owner or Agent's Signature	NOTARY'S SIGNATURE as to Qualifier or Agent's Signature
Notary Name(Print, Type or Stamp Notary's Name)	Notary Name(Print, Type or Stamp Notary's Name)
Personally Known Produced Identification	Personally Known Produced Identification
Type of Identification Produced	Type of Identification Produced
APPROVED BY: Permit Officer Issue Date	Code in Effect: FOR OFFICE USE ONLY FOR OFFICE USE ONLY

A jurisdiction may use a supplemental page requesting additional information and citing other conditions, please inquire.

Note: If any development work as described in FS 380.04 Sec. 2 a-g is to be performed, a development permit must be obtained prior to the issuance of a building permit.

SECTION 1525 HIGH-VELOCITY HURRICANE ZONES—UNIFORM PERMIT APPLICATION

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

INSTRUCTION PAGE

COMPLETE THE NECESSARY SECTIONS OF THE UNIFORM ROOFING PERMIT APPLICATION FORM AND ATTACH THE REQUIRED DOCUMENTS AS NOTED 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
Prescriptive BUR-RAS 150	A,B,C	4,5,6,7
Asphalt 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 of Product Approval
5.	Municipal Permit Application
6.	Owners Notification for Roofing Considerations (Reroofing Only)
7.	Any Required Roof Testing/Calculation Documentation

ROOF ASSEMBLIES AND ROOFTOP STRUCTURES

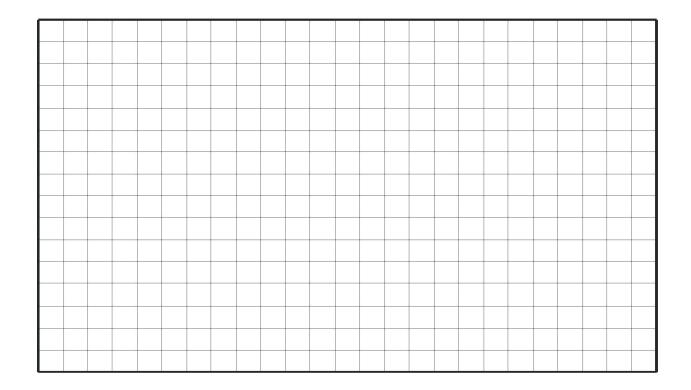
Florida Building Code 8th Edition (2023) High-Velocity Hurricane Zone Uniform Permit Application Form

Section A (General Information)

Master Permit No Process No												
Contractor's Name												
Job	Address											
					ROOI	CATEGORY						
	Low Slope				Mechanicall	y Fastened Tile			Mortar/Adh	esive	Set Tiles	
	Asphalt Shingles				Metal Panel	/Shingles			Wood Shin	gles/	Shakes	I
					Prescriptive	BUR-RAS 150						_
					R	OOF TYPE						
	New roof		Repair		□ Mainte	nance		Reroofi	ng		Recovering	
					ROOF SYS	EM INFORMAT	ION					
Low Slope Roof Area (SF)				Steep Sloped Roof Area (SF)						Total (SF)		

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.



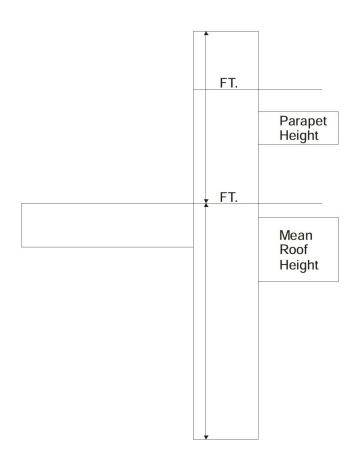
Florida Building Code 8th Edition (2023) High-Velocity Hurricane Zone Uniform Permit Application Form

Section C (Low Slope Application)
Fill in specific roof assembly components and identify manufacturer
(If a component is not used, identify as "NA")
System Manufacturer:
Product Approval No.:
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) & 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 @ Lap, # Rows @" oc					
Zone 1:" oc @ Lap, # Rows @" oc					
Zone 2:" oc @ Lap, # Rows @" oc					
Zone 3:" oc @ Lap, # Rows @" oc					
Number of Fasteners Per Insulation Board:					
Zone 1': Zone 1: Zone 2: Zone 3:					
Illustrate Components Noted and Details as Applicable:					

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

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



ROOF ASSEMBLIES AND ROOFTOP STRUCTURES

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

Section D (Steep Sloped Roof System)

Roof System Manufacturer:	
Notice of Acceptance Number:	
Minimum Design Wind Pressures, If	Applicable (From RAS 127 or Calculations):
-	Zone 1: Zone 2: Zone 3:
Dec	ck Type:
	Type Underlayment:
Roof Slope:	· ype enteringment
: 12	Insulation:
	Insulation.
	Fire Barrier:
	File Bairlei.
Ridge Ventilation?	Fastener Type & Spacing:
	Adhesive Type:
	Type Cap Sheet:
Moon Doof Hoight	Poof Covering
Mean Roof Height:	Roof Covering:
	T 0.0: D:
	Type & Size Drip
	Edge:

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

Section E (Tile Calculations)

7:12

For Moment-based tile systems, choose either Method 1 or 2. Compare the values for M_r with the values from M_f . If the M_f 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-Bas	ed Tile Calculati	ons Per RAS 127"
(Zone 1:>	< λ =) – Mg: _	$_{} = M_{r1} $	Product Approval M _f
(Zone 2:>	< λ =) – Mg: _	$_{\text{max}} = M_{r2} $	Product Approval M _f
(Zone 3:>	< λ =) – Mg: _	$_{\text{max}} = M_{r3} $	Product Approval M _f
	Method	2 "Simplified T	ile Calculations	Per Table Below"
Required Moment of Resistance	(M _r) From T	able Below	Product A	pproval M,

	()/					
M _r required Moment Resistance*						
Mean Roof Height Roof Slope	15′	20′	25′	30′	40′	
2:12	-46	-47.6	-49.4	-50.9	-53.3	
3:12	-47.3	-48.9	-50.7	-52.2	-54.6	
4:12	-47.2	-52.0	-53.8	-55.3	-57.9	
5:12	-39.8	-41.5	-42.8	-43.7	-45.7	
6:12	-39.6	-40.6	-41.9	-42.9	-44.8	

-40.3

Method 2 may be utilized within Broward County Exposure C only.

-39.4

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.

-41.6

-42.6

-44.6

Method 3 "Uplift-Based Tile Calculations Per RAS 127" (Zone 1: ___ × L __ = ___ × w: = ___) – W: ___ × cos r ___ = F_{r1} ___ Product Approval F' _____ (Zone 2: ___ × L __ = ___ × w: = ___) – W: ___ × cos r ___ = F_{r2} ___ Product Approval F' _____ (Zone 3: ___ × L __ = ___ × w: = ___) – W: ___ × cos r ___ = F_{r3} ___ Product Approval F' _____

	Where to Obta	in Information				
Description	Symbol	Where to find				
Design Pressure	Zones 1, 2, 3	From applicable table in RAS 127 or by an engineering analysis prepared by PE based on ASCE 7				
Mean Roof Height	Н	Job Site				
Roof Slope	θ	Job Site				
Aerodynamic Multiplier	λ	Product Approval				
Restoring Moment due to Gravity	M_g	Product Approval				
Attachment Resistance	M_f	Product Approval				
Required Moment Resistance	M_g	Calculated				
Minimum Attachment Resistance	F'	Product Approval				
Required Uplift Resistance	F _r	Calculated				
Average Tile Weight	W	Product Approval				
Tile Dimensions	L = length W = width	Product Approval				
All calculations must be submitted to the building official at the time of permit application.						

Section 1524 FBC

HIGH VELOCITY HURRICANE ZONES

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 vector Common reads are those which have no visible delinection between neighboring
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 buildup 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.

	ald have some ability to vent natural airflow through the gitself). The existing amount of attic ventilation shall not
8. Existing Solar Systems: The re-instal	lation of an existing roof mounted photovoltaic system
requires a separate permit. Permit must be obta	ained in order to finalize the roofing permit.
Contractor's Signature	 Date
Owner's/Agent's Signature	Date
Property Address:	
City: State:	_ Zip:

All roofing applications require this Rooftop Equipment Affidavit along with the High Velocity Hurricane Zone Uniform Permit Application Form.

ROOFTOP EQUIPMENT & GAS VENT AFFIDAVIT Application #: Subdivision: Lot: Block: Name of Qualifier:_____License # Is any mechanical equipment being relocated or replaced? If yes, a mechanical permit is required. If curb or stand is proposed, plans sealed by an engineer showing the attachment of stand/curb to roof and to the equipment are required. These plans must be In accordance with Florida Building Code Section 1522 in its entirety. Upon submittal of an alteration or addition of a curb or stand, the Planning Division may determine that alteration of an existing screening device or addition of a screening device may be required. Yes No Is there any gas venting through the roof? If there are any existing gas vents penetrating through the roof, the venting shall be inspected for leaks by a certified/licensed plumbing or mechanical contractor prior to the roofing final. Once the plumbing or mechanical contractor has mitigated all leaks, the plumbing or mechanical contractor shall provide this affidavit as well, affirming that the vent is safe. The gas vent was inspected and is safe. Yes, I affirm Qualifier/Contractor Signature Date The foregoing instrument was acknowledged before me by means of \square physical presence or \square online notarization, this ____ day of ______, 202__, by ______(Name and title of authorized officer) for ______(Name of corporation), a ______(whatever type of corporation). Notary Public, State of Florida _____



Notary Signature



NOTICE OF COMMENCEMENT

The undersigned hereby given notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statues the following information is provided in the Notice of Commencement.

1. DESCRIPTION OF PROPERTY (Le	gal description & street address, if avail	ilable) TAX FOLIO	NO			
SUBDIVISION	BLOCK_	TRACT	LOT	BLDG	UNIT	
2. GENERAL DESCRIPTION OF IMP	ROVEMENT:					
3. OWNER INFORMATION: a. Name						
b. Address_	_c. Interest in property					
Name and address of fee simple titlehold	er (if other than Owner)					
4. CONTRACTOR'S NAME, ADDRES	S AND PHONE NUMBER:					
5. SURETY'S NAME, ADDRESS AND	PHONE NUMBER AND BOND AM	40UNT:				
6. LENDER'S NAME, ADDRESS AND	PHONE NUMBER:					
7. Persons within the State of Florida design Florida Statutes: NAME, ADDRESS AND PHONE NUMBER:	nated by Owner upon whom notices or	r other documents ma	ay be served as provid	led by Section 713.	13 (1) (a) 7,	
8. In addition to himself or herself, Owner NAME, ADDRESS AND PHONE NUMBER:	designates the following to receive a co	opy of the Lienor's N	lotice as provided in S	ection 713.13 (1) (1	b), Florida Statutes	
9. Expiration date of notice of commencer	nent (the expiration date is 1 year from	the date of recording	g unless a different da	te is specified):		
WARNING TO OWNER: ANY PAYMENTS M PAYMENTS UNDER CHAPTER 713, PART I, PROPERTY. A NOTICE OF COMMENCEMEN FINANCING, CONSULT WITH YOUR LENDE	SECTION 713.13, FLORIDA STATUTES, A T MUST BE RECORDED AND POSTED O	AND CAN RESULT IN ON THE JOB SITE BE	YOUR PAYING TWIC FORE THE FIRST INSE	CE FOR IMPROVEM PECTION. IF YOU IN	ENTS TO YOUR TEND TO OBTAIN	
Signature of Owner or Owner's Authorized Officer/Director/Partner/		Print Name a	nd Provide Signatory's	Title/Office		
State of Florida County of Broward						
The foregoing instrument was acknowledge				•		
by	, who is persona	ally known o	r produced the follow	ing type of identific	ation:	
Notary						
		_	(Signature o	of Notary Public)		

Under Penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief (Section 92.525, Florida Statutes).

DEVELOPMENT SERVICES DEPARTMENT – BUILDING



WATER BARRIER/SHEATHING RENAILING AFFIDAVIT

Rev: 4 | Revision Date: 10/24/2024 | I.D. Number: WBSRA

WATER BARRIER/SHEATHING RENAILING AFFIDAVIT

THIS FORM IS NOT TO BE SUBMITTED WITH THE PERMIT APPLICATION.

IT MUST BE PROVIDED AT THE JOB SITE BEFORE THE TIN-CAP INSPECTION.

PERMIT NUMBER						
OWNER	OWNER					
JOB ADDRESS	JOB ADDRESS					
I HERBY CERTIFY THAT:	I HERBY CERTIFY THAT:					
A. THE DECK HAS BEEN RE-NAILED AT 6" ON CENTER FOR PLYWOOD DECKS AND 2 FASTENERS PER BOARD FOR BOARD ON BOARD DECKS WITH 8D RING SHANK NAILS WITH THE FOLLOWING MINIMUM DIMENSIONS:						
0.113 INCH NOMINAL SHANK DIAMETER	RING DIAMETER OF 0.012 OVER THE SHANK DIAMETER	16 TO 20 SHANKS PER INCH				
0.280 INCH FULL ROUND HEAD DIAMETER	RING SHANK TO EXTEND A MINIMUM OF 1 ½" FROM THE TIP OF THE NAIL	2 1/2 INCH NAIL LENGTH.				
B. SECONDARY WATER BARRIER HAS BEEN HAS BEEN INSTALLED IN ACCORDANCE WITH FBC 1518.2.1:						
 ENTIRE DECK COVERED WITH SELF-ADHERING MODIFIED BITUMEN COMPLIANT WITH ASTM D1970 4" STRIP OF SELF-ADHERING COMPLIANT WITH TABLE 1518.2.1 OF 2023 8TH EDITION OF THE FBC HAS BEEN APPLIED TO ALL JOINTS IN THE PLYWOOD DECK. 						
2 - LAYERS OF ONE OF THE F	FOLLOWING: ASTM D226 TYPE II, OR D486	69 TYPE III, OR IV OR D8257				
UNDERLAYMENT HAS BEEN	INSTALLED PER FBC HVHZ.					
EXCEPTIONS						
 ROOF SLOPES < 2:12 HAVING A CONTINUOUS ROOF SYSTEM SHALL BE DEEMED TO COMPLY WITH REQUIREMENTS FOR A SECONDARY WATER BARRIER. 						
 CLAY AND CONCRETE TILE ROOF SYSTEMS INSTALLED AS REQUIRED BY THE FLORIDA BUILDING CODE ARE DEEMED TO COMPLY WITH THE REQUIREMENTS FOR SECONDARY WATER BARRIERS. 						
C. A COPY OF THIS AFFIDAVIT HAS BEEN DELIVERED TO THE HOMEOWNER.						
QUALIFIER'S SIGNATUREDATE (LICENSED ROOFING CONTRACTOR)						
NAME PRINTED	LICENSE NUMBER					
NOTARY	DATE					
SEAL: FOR STAFF USE ONLY:						
	INSPECTOR'S NAME COLLECTING T	HE DOCUMENT:				
	DATE:					
	PERMIT NUMBER:					



Please note that as per the formal interpretation #28 from the Broward County Board of Rules and Appeals which went into effect August 12th, 2021:

At its regularly scheduled meeting of August 12, 2021, the Broward County Board of Rules and Appeals approved an interpretation of Section 603.9, Florida Building Code, Existing Building 2023 8th Edition (2020) Sections 706.8 through 706.8.1.7

The interpretation is to clarify the provisions of The Florida Building Code Existing Building 2023 8th Edition Sections 706.8 through 706.8.1.7. for retrofitting roof to wall connections when reroofing existing buildings.

Formal Interpretation:

- 1. If the cost of retrofitting all prioritized and non-prioritized elements is 15% or less, then both elements are to be retrofit.
- 2. If the cost of retrofitting prioritized elements is less than 15% but with the addition of non-prioritized elements the sum is greater than 15%, then only the prioritized elements are to be retrofit.
- 3. If the cost of retrofitting prioritized elements is greater than 15%, then neither prioritized nor non-prioritized elements are to be retrofit.
- 4. It is not the intent of the Florida Building Code to improve only a portion of the "prioritized elements" up to 15 percent of the cost of the reroofing. Prioritized elements must be capable of complete retrofit at a cost no greater than 15% of the cost of the reroofing or there is no requirement for improvement.

THE HURRICANE MITIGATION AFFIDAVIT STARTS ON PAGE 2.

PLEASE PRINT IT ON LEGAL SIZE (8.5"X14") PAPER.





DEVELOPMENT SERVICES DEPARTMENT- BUILDING SERVICES

HURRICANE MITIGATION AFFIDAVIT

Rev: 6 | **Revision Date:** 2/21/2024 | **Print Date:** 2/21/2024

City of Fort Lauderdale Hurricane Mitigation Affidavit – Prescriptive Method

In compliance with the Florida Existing Building Code Seventh Edition (2020), Section 706.8

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 by means of \square physical presence or \square online notarization,
thisday of, 202, by (Name and title of authorized officer) for (Name of corporation), a (whatever
type of corporation).
type of corporation).
(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 by means of \square physical presence or \square online notarization,
this day of, 202, by (Name and title of authorized officer) for (Name of corporation), a (whatever
type of corporation).
type of corporation).
(Name) Notary stamp:
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 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 by means of \square physical presence or \square online notarization,
this day of, 202, by (Name and title of authorized officer) for (Name of corporation), a (whatever
type of corporation).
(Name) Notary stamp:
DOUGLY STATUET

