

AFFIDAVIT	OF	COMP	LIANCE

Roof Decking Attachment and Sec Hurricane Mitigation Retrofit for I Single Family Residential Structur	-
PERMIT No:	Job Address
Name:	
Address/ City / State / Zip	
Phone No:	Email:
Dear Building Official:	
the referenced property have be barrier has been provided as requ	certify that the roof decking attachment and fasteners of een strengthened and corrected, and a secondary water aired by the "Manual of Hurricane Mitigation Retrofits for esidential Structures" as adopted by the Florida Building C.
Qualifying Agent	
Signature of the Qualifying Agent	
Print Name	(Date)
State of Florida) County of Miami-Dade) Sworn to and subscribed before me this _	Day of, 20
Ву	Personally known () or Produced Identification ()
Type of Identification produced	
(SEAL)	