

## **AFFIDAVIT OF COMPLIANCE**

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.

Rev. 02-20-2015

PERMIT No:	Job Address	
Name:		
Address/ City / State / Zip		
Phone No:	Email	l:
Dear Building Official:		
the referenced property have be- barrier has been provided as requ	en strengthened a ired by the "Manua esidential Structure	of decking attachment and fasteners of and corrected, and a secondary water al of Hurricane Mitigation Retrofits for es" as adopted by the Florida Building
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)		