



## BUILDING AND PERMITTING SERVICES DIVISION HURRICANE MITIGATION AFFIDAVIT - PRESCRIPTIVE METHOD

**Prescriptive Method:** To comply with Section 706.8 Florida Existing Building Code Seventh Edition (2020), Roof-to-wall connections on an existing structure with a sawn lumber, wood plank or wood structural panel roof deck.

**Must be completed by:** 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 final building inspection.

Where mandated retrofits are required pursuant to F.B.C. 2020 Seventh 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 final inspection and after completion of Option 1 or verification of Option 2.

I \_\_\_\_\_, Contractor/Qualifier do affirm and certify that the Hurricane Mitigation Retrofits installed at \_\_\_\_\_, meet at least one of the following options (see option 1 or option 2). Please complete appropriate option information.

**Option 1** Hurricane Retrofit Mitigation **Building Permit Number** \_\_\_\_\_

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 may be provided with this affidavit for verification.

Additional anchors (Manufacturer and Model No.) \_\_\_\_\_ were installed using (Quantity, Size & Type) \_\_\_\_\_ fasteners.

Other methods of retro-fit used (describe in detail or attach additional sheets) \_\_\_\_\_

**OR**

**Option 2** Existing straps were found to have \_\_\_\_\_ (# of) \_\_\_\_\_ type of fasteners and additional fasteners are not required. Photo documentation may be requested and a report addressing the contractor/qualifier of inspection and by what method he has inspected; existing metal connectors, clips straps, fasteners and his findings.

By his/her signature below, the Contractor/Qualifier does 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 under his/her 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 \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, as \_\_\_\_\_, who is

Personally known to me OR  Produced the following type of identification \_\_\_\_\_

(NOTARY SEAL)

**NOTARY SIGNATURE** \_\_\_\_\_

**NOTARY PRINTED NAME** \_\_\_\_\_