



SEMINOLE TRIBE OF FLORIDA
TRIBAL INSPECTOR'S DEPARTMENT
6363 TAFT ST. SUITE 308
HOLLYWOOD, FL. 33024
OFFICE: (954) 894-1080 FAX: (954) 989-1571
EMAIL: BUILDINGDEPT@SEMTRIBE.COM

Single Family Residence Hurricane Mitigation Affidavit

Florida Existing Building Code 706.8 requires when a roof covering on an existing structure with a sawn lumber, wood plank or wood structural panel roof deck is removed and replaced on a building that is located in the wind-borne debris region as defined in the *Florida Building Code, Building* and that has an **insured value of \$300,000** or more or, if the building is uninsured or for which documentation of insured value is not presented, has a just valuation for the structure for purposes of ad valorem taxation of \$300,000 or more, that the roof to wall connections shall be improved as required by Section 706.8.1.

If the single-family residence meets at least one of the following items, you are not required to comply with Hurricane Mitigation. If applicable, check the appropriate box and sign below.

- ☐ The structure was permitted under the 2001 Florida Building Code or later.
- ☐ The structure is outside the wind-borne debris region (ultimate design wind speed is less than 140mph).
- ☐ The structure has an insured value of less than \$300,000.00 or just valuation of less than \$300,000.00. (Proof may be required)
- ☐ The roof to wall retrofit connections cannot be completed in accordance with 706.8.1 for 15% or less of the total reroofing cost. Reroof Cost: _____ Retrofit Cost: _____

Qualifier's Name (Print) _____ Qualifier's Signature _____

License # _____ Date _____

STATE OF FLORIDA _____ County

The foregoing instrument was acknowledged before me on this (Date) _____ by whom is personally known to me:

(Name) _____ Notary stamp: _____



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If the single-family residence does not meet the exceptions above, please complete either option 1 or option 2 below.

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, 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 by me or under my direct supervision.

Qualifier's Name (Print) _____ Qualifier's Signature _____

License # _____ Date _____

STATE OF FLORIDA _____ **County**

The foregoing instrument was acknowledged before me on this (Date)
_____ **by whom is personally known to me:**

(Name) _____

Notary stamp:



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Option 2 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 _____ County

The foregoing instrument was acknowledged before me on this (Date) _____ by whom is personally known to me:

(Name) _____

Notary stamp: