



## EXISTING ROOF RETRO-FIT TECHNIQUES AFFIDAVIT (Section 706.8.1)

**Section 706.8.1 Florida Existing Building Code Eighth Edition (2023), Roof-to-wall connections for site-built single family residential structures.** Where required by Section 706.8, the intersection of roof framing with wall below shall be strengthened by adding metal connectors, clips, straps, and fasteners such that the performance level equals or exceeds the uplift capacities as specified in Table 706.8.1. As an alternative to an engineered design, the prescriptive retrofit solutions provided in Section 706.8.1.3 through 706.8.1.6 shall be accepted as meeting the mandated roof-to-wall retrofit requirements.

I, \_\_\_\_\_, the Contractor/Qualifier do affirm and certify that the Hurricane Mitigation Retrofits installed under permit number \_\_\_\_\_ and located at \_\_\_\_\_ was installed under my supervision; and the Mitigation Retrofits are installed in compliance with Section 706.8.1. The retrofits are installed as described in the following sections:

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 (size and type) \_\_\_\_\_ (# of) fasteners.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By his/her signature below, the Contractor/Qualifier does affirm and certify that the previously provided applicable information for the roofing system installed under permit number \_\_\_\_\_ and located at \_\_\_\_\_ was done under his/her supervision.

\_\_\_\_\_  
Contractor/Qualifier's Name (Print)

\_\_\_\_\_  
Contractor/Qualifier's Signature

\_\_\_\_\_  
License #

\_\_\_\_\_  
Date

### STATE OF FLORIDA, COUNTY OF LEE

The forgoing instrument was acknowledged before me, by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ (type of ID).

(Seal or Stamp)

\_\_\_\_\_  
Notary Public Signature