

**Development Services Department**427 Biltmore Way
Coral Gables, FL 33134
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the

## **OWNER'S AFFIDAVIT OF EXEMPTION**

## Roof-to-Wall Connection Hurricane Mitigation Retrofit for Existing Site-Built Single Family Residential Structures

OWNER'S NAME	PERMIT NUMBER		DATE
PROPERTY ADDRESS	CITY	STATE	ZIP CODE
Dear Building Official:			
I,roof-to-wall connections of my building because of	property owner fone of the following re	er, certify that easons (select	I am not required to retrofit one):
The building has an insured value of \$300,000	0 or less. ( <b>Provide copy</b>	of homeow	ner's insurance), OR
Is uninsured or I cannot provide insurance doc valorem taxation is less than \$300,000. (Prov Assessment), OR			
The building was constructed in complian or with the provisions of the 1994 edition of of the building permit) & (If built before 19 Engineer or Architect), OR	the South Florida Build	ing Code (19	94 FBC). ( <b>Provide a copy</b>
The roof-to-wall connections at gables ends of replacement. ( <b>Provide an estimate of costs f</b>			
Owner Signature	Print name		
STATE OF FLORIDA )			
COUNTY OF MIAMI-DADE ) Sworn to or affirmed and subscribed before me thisday of, in the year 20 bywho has taken an oat and is personally known to me or has producedas identificati	ch		
My Commission Expires:			
Notary Public			