



Construction Services Division

1400 N. Boulevard
Tampa, FL 33607
Phone:(813) 274-3100
Fax: (813) 259-1712
www.tampagov.net/permits

**Roof Mitigation
Verification Statement**

Permit # _____

On our about _____, I did personally inspect roof replacement work at _____

Based upon the examination, I have determined that the following roof mitigation measures were performed in accordance with Section 201 of the Hurricane Mitigation Retrofit Manual:

1. Roof deck attachment and fasteners strengthened and corrected as required by Section 201.01.
2. Secondary water barrier provided as required by section 201.2. All associated mitigation is in compliance with the Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.).

Certification

I certify that I am (Check one of the following):

Licensed Roofing Contractor

Licensed General, Residential, or Building Contractor Licensed

FS468 Building Inspector

Registered Architect or an Engineer in the State of Florida

Duly authorized by the State of Florida or its county's municipalities to verify compliance with the Hurricane Mitigation Provisions of HB 7057, Section 553.844 Florida Statutes. I also certify that I personally inspected the premises at the Location Address listed above on the date of this Statement. In my professional opinion, based on my knowledge, information and belief, I certify that the above statements are true and correct.

Date:

License #:

Signature:

Phone #:

Mail or Fax to: Construction Services Division - 1400 North Boulevard - Tampa, FL 33607
Fax Number: 813-259-1712