

**AFFIDAVIT OF COMPLIANCE WITH ROOF TO WALL  
HURRICANE MITIGATION RETROFIT FOR EXISTING SITE-BUILT SINGLE FAMILY  
RESIDENTIAL STRUCTURES**

**PURSUANT TO FLORIDA STATUTE 553.844  
WIND BORNE DEBRIS REGION**

DATE: \_\_\_\_\_

To: Hillsborough County Building Services Division  
5701 E. Hillsborough Avenue, Suite 1140  
Tampa, FL 33610

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the Attention of the Building Official:

I \_\_\_\_\_ certify that I have improved the roof to wall connections of the referenced property as required by the "Manual of Hurricane Mitigation Retrofits for Existing Site-Built Family Structures" adopted by the Florida Building Commission by Rule 9B-3.047 F.A.C.

\_\_\_\_\_  
**Signature of Qualifying Agent**

\_\_\_\_\_  
**Name of Qualifying Agent (PRINT)**

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

**STATE OF FLORIDA  
HILLSBOROUGH COUNTY**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

\_\_\_\_\_ personally known

\_\_\_\_\_ or produced identification ( \_\_\_\_\_ )

Indicate type of identification produced

Notary Stamp