



CITY OF PINELLAS PARK Building Development Division

Phone: 727-369-5647

Fax: 727-369-5839



Permit # _____

Date _____

ROOF MITIGATION VERIFICATION STATEMENT

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 covered as required by Section T2304.6.1.
2. Secondary water barrier provided as required by FBC 6th Edition Section 1507. All associated mitigation is in compliance with the Hurricane Retrofit Manual (Based on 553.844 F.S.).

On _____ 20_____, at _____ a.m. / p.m., I personally inspected the roof deck nailing and secondary
(insert date)
water barrier work at _____
(job site address)

CERTIFICATION

I certify that I am a *(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 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 # _____

*General, Building, Residential, or Roofing Contractor or any individual certified under 468 F.S. to make such an inspection.