



# City of Miami Gardens

Building Services Division  
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[www.miamigardens-fl.gov](http://www.miamigardens-fl.gov)

## Contractor Affidavit Residential Re-Roofing ONLY

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Reference:** Permit Number: \_\_\_\_\_  
Jobsite Address: \_\_\_\_\_  
Contractor Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

In accordance with Florida Statute 553.844, Please be advised that a **Secondary Water Barrier shall be installed on to the existing roof**. For this requirement I the roofing contractor certify by this notarized statement that the following will be installed:

- a. All joints in the roof sheathing or decking shall be covered with a minimum 4" wide strip of approved self adhering polymer modified bitumen tape applied directly to sheathing or decking; or
- b. Asphalt impregnated #30 felt underlayment attached with nails and tin-caps complying with the HVHZ standards of the FBC 2004 edition, and covered with self-adhering polymer modified bitumen cap sheet or an approved hot mop application; **Check this box if installing flat system, tile or metal.**
- c. The entire roof deck shall be covered with an approved asphalt impregnated 30# felt underlayment installed with nails and tin-tabs as required for the HVHZ. (No additional underlayment shall be required over the top of this sheet). **Check this box if installing shingle on sloped roof.**

### Notarized Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

State of Florida, County of Miami -Dade

Sworn and subscribed to me this:

\_\_\_\_\_  
**Month**      **Day**      **Year**

Personally Known or Identification:

\_\_\_\_\_  
(Type of ID and expiration date)

\_\_\_\_\_  
Printed Name of Applicant

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

Notary Public Stamp: