City of Miami Gardens
Building Services Division
18605 NW 27th Avenue, City Hall, 1st Floor
Miami Gardens, FL 33054
305-622-8027 (Office) 305-626-5220 (Faxes)
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 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  Printed Name of Applicant
State of Florida, County of Miami-Dade
Sworn and subscribed to me this:

__________________________
Month  Day  Year

Personally Known or Identification:

__________________________
Signature of Notary Public
Notary Public Stamp:

(Type of ID and expiration date)

Revised 10/01/2017