



ROOF REPLACEMENT HOMEOWNERS AFFIDAVIT
 City of Dunedin, Florida ♦ Community Development Department
 737 Loudon Avenue, Suite 137, Dunedin, FL 34698 ♦ 727-298-3210 ♦ www.dunedin.gov

For Existing Site-Built Single Family Residential Structures

Permit No: _____

I, the undersigned acknowledge that the roof is being replaced on the building located at _____, and hereby attest to the following:

[Please check only one]

- The building is insured but the insured value is less than \$300,000.
- The building is insured and the insured value is \$300,000 or more.
- The building is uninsured and has a just valuation for the purposes of ad valorem taxation of less than \$300,000.
- The building is uninsured and has a just valuation for the purposes of ad valorem taxation of \$300,000 or more.

I understand that if the building has an insured value of \$300,000 or more or, if the building is uninsured and has a just valuation for the purposes of ad valorem taxation of \$300,000 or more, that in addition to strengthening the roof-deck attachment and fastening, and providing a secondary water barrier, the roof to wall connections shall be improved in accordance with Section 101.2 of the Hurricane Mitigation Retrofits Manual.

 Homeowner's Signature

 Printed Name

STATE OF FLORIDA
COUNTY OF PINELLAS

The instrument was acknowledged before me on this _____ day of _____, 20____, by _____.

___ Personally Known
 ___ Produced Identification: _____

 NOTARY PUBLIC
 My commission expires: _____