



CITY OF BUSHNELL, FLORIDA  
Building Department



**Roof Replacement - Homeowner Affidavit**  
(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.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_, by \_\_\_\_\_, who is:

- is personally known to me, **or**
- has produced \_\_\_\_\_ as identification.

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

SEAL: