City of North Miami

North Miami, FL 33161
12340 NE 8th Avenue
(305) 895-9820
(305) 895-9822 Fax

NOTICE

Implementation of Mitigation Requirements & Secondary Water Barrier

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The 2007 Florida Legislature establishes new requirements for retrofitting buildings undergoing alteration. The Florida Administrative Rule implementing the Legislatures mandate was adopted by the Florida Building Commission at its August 21, 2007 meeting.

The new requirements go into effect October 1, 2007. The legislature also directed the Florida Building Commission to develop prescriptive techniques for the requirements.

The law requires mitigation retrofits for site-built, single family residential structures to resist hurricane wind forces and indicates that the intent of these requirements is to apply to pre-Florida Building Code houses. A complete text of the Mitigation Retrofit Manual is attached.

There are two options and one exception, in Section 201.2 of the Mitigation Retrofit Manual, regarding the required, installation of a secondary water barrier. "Option B" is in conflict with provisions contained in the High Velocity Hurricane Zone sections of the Florida Building Code and may not be utilized.

Consequently, only the secondary water barriers detailed in "Option A" and the "Exemption" are to be used in Miami Dade County.

201.2 Roof secondary water barrier for site-built single family residential structures. A secondary water barrier shall be installed using one of the following methods when roofing replacement when reproofing.

a) All joints in roof sheathing or decking shall be covered with a minimum 4 in. wide strip of self-adhering polymer modified bitumen tape applied directly to the sheathing or decking. The deck and self adhering polymer modified bitumen tape shall be covered with one of the underlayment systems approved for the particular roof covering to be applied to the roof.

b) The entire roof deck shall be covered with an approved self–adhering polymer modified bitumen cap sheet. No additional underlayment shall be required on top of this cap sheet for new installations.

EXCEPTIONS:

1. An asphalt impregnated 30# felt underlayment installed with nails and tin-tabs as required for the HVHZ and covered with either an approved self-adhering polymer modified bitumen cap sheet or an approved cap sheet applied using an approved hot-mop application shall be deemed to meet the requirements for the secondary water barrier.

201.3 Roof-to-wall connections for site-built single family residential structures. Where required by Section 101.2 ~~511.4~~, the intersection of roof framing with the wall below shall be strengthened by adding metal connectors, clips, straps, and fasteners such that the performance level equals or exceeds the uplift capacities as specified in Table 201.3. As an alternative to an engineered design, the prescriptive retrofit solutions provided in Sections 201.3.1 through 201.3.4 shall be accepted as meeting the mandated roof-to-wall retrofit requirements.

For further info contact Mr. Michael Goolsby at (305) 375-4496.
For exact detail and specs visit: www.miamidade.gov/buildingcode

AFFIDAVIT OF COMPLIANCE WITH ROOF DECKING ATTACHMENT AND SECONDARY WATER BARRIER HURRICANE MITIGATION RETROFIT FOR EXISTING SITE-BUILT SINGLE FAMILY RESIDENTIAL STRUCTURES PURSUANT TO SECTION 553.844 F.S.

To:
North Miami Building Department
12340 NE 8th Avenue
N. Miami, FL 33161
(305) 895-9820

Re:
Owners Name: _____

Property Address: _____

Roofing Process #: _____

Dear Building Official:
I _____ certify that the roof decking attachment and fasteners have been strengthened and corrected and a secondary water barrier has been provided as required by the "Manual of Hurricane Mitigation Retrofits for Existing Site-Built Single Family Structures" adopted by the Florida Building Commission by Rule 9B-3.047 F.A.C.

Qualifying Agent

_____
Signature of Qualifying Agent

_____
Print Name

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this _____

day of _____, 20_____,

(SEAL)

____ Personally known
____ or Produced Identification

OWNER'S AFFIDAVIT OF EXEMPTION

ROOF TO WALL CONNECTION HURRICANE MITIGATION RETROFIT FOR EXISTING SITEBUILT SINGLE FAMILY RESIDENTIAL STRUCTURES PURSUANT TO SECTION 553.844 F.S.

To:
North Miami Building Department
12340 NE 8th Avenue
N. Miami, FL 33161
(305) 895-9820

Re:
Owners Name: _____

Property Address: _____

Roofing Process #: _____

Dear Building Official:
I _____ certify that I am not required to retrofit the roof to wall connections of my building because:

☐ The just valuation for the structure for purposes of ad valorem taxation in less than $300,000.00.

☐ The building was constructed in compliance with the provisions of the Florida Building Code (FBC) or with the provisions of the 1994 edition of the South Florida Building Code (1994 SFBC).

_____
Signature of Property Owner

_____
Print Name

STATE OF FLORIDA COUNTY OF MIAMI-DADE
Sworn to and subscribed before me this _____
day of _____, 20_____,
(SEAL)

____ Personally known
____ or Produced Identification

When the just valuation of the structure for purposes of ad valorem taxation is equal to or more than $300,000.00, and the building was not constructed in compliance with the FBC nor with 1994 SFBC, and affidavit of Roof to Wall Connection Hurricane Mitigation Retrofit must be provided.

AFFIDAVIT OF COMPLIANCE WITH ROOF TO WALL CONNECTION HURRICAN MITIGATION RETROFIT FOR EXISTING SITE-BUILT SINGLE FAMILY RESIDENTIAL STRUCTURES PURSUANT TO SECTION 553.844 F.S.

To:
North Miami Building Department
12340 NE 8th Avenue
N. Miami, FL 33161
(305) 895-9820

Re:
Owners Name: _____

Property Address: _____

Roofing Process #: _____

Dear Building Official:

I _____, certify that I have improved the roof to wall connections of the referenced property as required by the Manual of Hurricane Mitigation Retrofits for Existing Site-Built Single Family Residential Structures as adopted by the Florida Building Commission by Rule 9B-3.047 F.A.C.

_____
Signature of Qualifying Agent

_____
Print Name

_____
License Number

STATE OF FLORIDA COUNTY OF MIAMI-DADE
Sworn to and subscribed before me this _____
day of _____, 20_____,
(SEAL)

____ Personally known
____ or Produced Identification

NORTH MIAMI FLORIDA

12340 NE 8 AVE
NORTH MIAMI, FL 33161
PHONE: 305-895-9820 FAX: 305-895-9822
PERMITTING HOURS 7:30-3:00 MON-FRI
WEBSITE: WWW.NORTHMIAMIFL.GOV

Related Permit#_____
(IF APPLICABLE)

☐ After the Fact

OWNER INFORMATION

Job Address _____
Folio number **06**- _____
Owner name _____
Owner Address _____
Tenant Name _____
Phone _____
Email _____
Architect/Engineer _____
Address_____
E-mail _____
Contact_____
Residential ☐ Commercial ☐

CONTRACTOR INFORMATION

Company Name _____
Qualifier Name _____
License No _____
Address _____
Phone _____
Email _____

Authorization: I, _____, qualifier, authorize,_____ to pick up and drop off permit application/plans on my behalf. Authorized Contact# (____)_____-_____

PERMIT TYPE (✓)

Building	☐	Pool	☐
Electrical	☐	Fence	☐
Mechanical	☐	Dock	☐
Plumbing	☐	Roof	☐
Shed	☐	ROW	☐
Paint	☐	Other	☐

PERMIT CHANGE (✓)

Change of contractor	☐
Renewal	☐
Revision	☐
Shop Drawing	☐
Miscellaneous	☐

JOB COST/SQ.FT.

Estimated
Job Cost _____
Square ft._____

WORK DESCRIPTION

_____
_____

WARNING TO OWNER: YOUR FAILURE TO RECORD A **NOTICE OF COMMENCEMENT** MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU ARE SPENDING MORE THAN **$2,500** OR INTEND TO OBTAIN FINANCING, YOU MAY WISH TO CONSULT WITH YOUR ATTORNEY OR LENDER BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. THE NOTICE OF COMMENCEMENT MUST BE **RECORDED AT: 22 N.W. 1ST STREET, 1STFL (305) 275-1155**. ONCE RECORDED, THE NOTICE OF COMMENCEMENT MUST BE POSTED AT THE JOB SITE IN ACCORDANCE WITH **SECTION 713.35** OF FLORIDA STATUTES. A **BACKFLOW PREVENTION DEVICE** PERMIT AND CERTIFICATION TEST MAY BE REQUIRED IN ACCORDANCE WITH **ORDINACE #825**. CALL **UTILITY OPERATIONS CENTER AT (305)895-9838** OR VISIT THEIR OFFICE AT **1815 NE 150 ST**.

AFFIDAVIT – PLEASE READ CAREFULLY Application is hereby made to obtain a permit to do work and installation as indicated. I, the OWNER of the property, certify that all work will be performed to meet the standards of all laws regarding construction in the City of North Miami. I understand that separate permits are required for POOL, EXTERIOR DOOR, WINDOW, SHUTTERS, FENCE, DRIVEWAY, ROOFING, and SIGNS. There may be additional permits required from other governmental agencies.

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

_____ _____
Signature of Owner Print Name
Sworn to and subscribed before me this _____day of _____, 20_____.

_____**SEAL:**
Signature of Notary Public – State of Florida
Personally known__ OR Type of ID:_____
I,_____, owner, authorize _____ to pick up and drop off permits on my behalf.

_____ _____
Signature of Qualifier Print Name
Sworn to and subscribed before me this _____day of _____, 20_____.

_____**SEAL:**
Signature of Notary Public – State of Florida
Personally known__ OR Type of ID:_____

OFFICE USE ONLY

Discipline	Aprvd/Date	Discipline	Aprvd/Date	Discipline	Aprvd/Date	Discipline	Aprvd/Date	Approved/Date
Zoning		Structural		Mechanical		Engineering		Building
Landscape		Electrical		Plumbing		Flood		

PERMIT NUMBER _____ **PERMIT FEE** _____

THIS APPLICATION IS VALID FOR 90 DAYS FROM DATE RECEIVED. APPLICATION AND ALL ATTACHMENTS WILL BE DESTROYED AFTER THAT DATE IF PERMIT IS NOT ISSUED.

NORTH MIAMI
FLORIDA

*ATTENTION APPLICANT; YOU ARE RESPONSIBLE FOR FILLING OUT THIS APPLICATION CORRECTLY. IF YOU HAVE ANY QUESTIONS CONCERNING WHAT CATEGORY YOUR WORK FALLS UNDER, PLEASE SEE AND INSPECTOR OR PROCESSOR FOR YOUR TRADE. REFUNDS WILL NOT BE GIVEN IN CASE OF ERROR ON YOUR PART AND YOU WILL BE CHARGED A DOUBLE FEE PLUS $100 FOR DOING WORK WITHOUT A PERMIT.

ROOFING FEE SHEET

UNDER PENALTIES OF PERJURY, I DECLARE THAT TO THE BEST OF MY KNOWLEDGE, THE FACTS STATED IN THIS DOCUMENT ARE TRUE AND THAT PERJURY IS A FELONY OF THE THIRD DEGREE. **QUALIFIER SIGNATURE:** _____

☐ **New Roof**	☐ **Repair**	
☐ **Re- Roof**	☐ **Recovery**	
TYPE		
MINIMUM FEE (for all other work not in a specific category) **DESCRIPTION:**_____		**#of SqFt**
R104 SHINGLES (ASPHALT)	**REQUIRED INSPECTIONS** *ANCHOR/BASE SHEET INSPECTION *IN-PROGRESS *FINAL	
R104 SHINGLES (METAL, WOOD, SLATES & SHAKES)	**REQUIRED INSPECTIONS** *IN-PROGRESS *FINAL	
R116 LOW SLOPE ROOFING (**BUR MODIFIED,SINGLE-PLY, SPF)**	**REQUIRED INSPECTIONS** *IN-PROGRESS *FINAL	
R105 TILE ROOF ROOFING **(ADDHESIVE OR NAIL ON)**	**REQUIRED INSPECTIONS** *ANCHOR/BASE SHEET INSPECTION *IN-PROGRESS *FINAL	
WATERPROOFING	**REQUIRED INSPECTIONS** *IN-PROGRESS *FINAL	
MAINTENANCE & REPAIRS **(OVER 200 SQ FT)**	**REQUIRED INSPECTIONS** *IN-PROGRESS *FINAL	

WARNING

A) Chapter 455 of the Florida Statutes provides for fines in the amount of $500.00 to $5,000.00 for any consumer (owner, contractor, etc), who "aids and abets the unlicensed practice of a professional employing such unlicensed person."

B) A Product Control "Notice of Acceptance" (NOA) and method of installation must be provided at time of permit application and posted at jobsite for inspection on all roofing system.

C) The Contractor or owner must provide an O.S.H.A APPROVED ladder for two or more stories for roof access at the time of inspection. Failure to do so will result in re-inspection fee.

AFTER THE FACT ☐ **PERMIT #**_____ **PLAN REVIEWER INITIAL**_____

2 Copies

Florida Building Code Edition **2002**
HIGH VELOCITY HURRICANE ZONE UNIFORM ROOFING PERMIT APPLICATION

INSTRUCTION PAGE

COMPLETE THE NECESSARY SECTIONS OF THE UNIFORM ROOFING PERMIT APPLICATION FORM AND ATTACH THE REQUIRED DOCUMENTS AS NOTED BELOW.

Roof System	Required sections of the Permit Application Form	Attachments Required See List Below
Low Slope Application	A,B,C	1,2,3,4,5,6,7
Prescriptive BUR RAS 150	A,B,C	4,5,6,7
Asphatic Shingles	A,B,D	1,2,4,5,6,7
Concrete or Clay Tile	A,B,D,E	1,2,3,4,5,6,7
Metal Roofs	A,B,D	1,2,3,4,5,6,7
Wood Shingles and Shakes	A,B,D	1,2,4,5,6,7
Other	As Applicable	1,2,3,4,5,6,7

REQUIRED ATTACHMENTS

1. Fire Directory Listing Page
2. From Notice of Acceptance:

   - Front Page
   - Specific System Description
   - Specific System Limitations
   - General Limitations
   - Applicable Detail Drawings

3. Design Calculations per Chapter 16, or if applicable, RAS 127 or RAS 128
4. Other Component Notice of Acceptances
5. Municipal Permit Application
6. Owners Notification for Roofing Considerations (Re-roofing Only)
7. Any Required Roof Testing/Calculation Documentation

Any other additional data reasonably required by the Building **Official** to determine the integrity of the roofing system.

Florida Building Code Edition 2002

HIGH VELOCITY HURRICANE ZONE UNIFORM ROOFING PERMIT APPLICATION

Section A (General Information)

Master Permit No._____ Process No._____

Contractor's Name_____

Job Address_____

Roof Category

___ Low slope ___ Mechanically Fastened Tile ___ Mortar/Adhesive Set Tile

___ Asphaltic Shingles ___ Metal Panel/Shingles ___ Wwd. Shingles/Shakes

___ Prescriptive BUR-RAS 150

Roof Type

___ New Roof ___ Re-roofing Recovering ___ Repair ___ Maintenance

Roof System Information

Low Slope Roof Area (SF)	Steep Sloped Roof Area (SF)	Total (SF)

Section B (Roof Plan)

Sketch Roof Plan: Illustrate all levels and sections, roof drains, scuppers, overflow scuppers and overflow drains. Include dimensions of sections and levels; clearly identify dimensions of elevated pressure zones and location of parapets.

Florida Building Code Edition 2002
HIGH VELOCITY HURRICANE ZONE UNIFORM ROOFING PERMIT APPLICATION

Section C (Low **Sloped** Roof **System)**

Fill in the specific Roof Assembly Components and Identify Manufacturer
(If a component is not used, identify as "NA")

System Manufacturer:_____

NOA No:_____

Design Wind Pressures, Fmm RAS 128 or Calculations:

Pmax1:_____ Pmax 2:_____ Pmax 3:_____

Maximum Design Pressure, From the Specific NOA System:_____

Deck:

Type:_____

Gauge/Thichness:_____

Slope:_____

Anchor/Base Sheet & No. of Ply(s):_____

Anchor/Base Sheet Fastener/Bonding Material:

_____

Insulation Base Layer:_____

Base Insulation Size and Thickness_____

Base Insulation Fastener/Bonding Material:

_____

Top Insulation Layer:_____

Top Insulation Size and Thickness:_____

Top Insulation FasteneriBondingMaterial:

_____

Base Sheet(s) & No. of Ply(s):_____

Base Sheet FasteneriBondingMaterial:

_____

Ply Sheet(s) & No. of Ply(s):_____

Ply Sheet FasteneriBondingMaterial:

_____

Top Ply:_____

Top Ply FasteneriBonding Material:

_____

Surfacing:_____

Fastener Spacing for **Anchor/Base** Sheet Attachment

Field:_____"o/c @ laps &_____rows @ _____"o/c

Perimeter:_____ "o/c @ laps &_____rows @_____"o/c

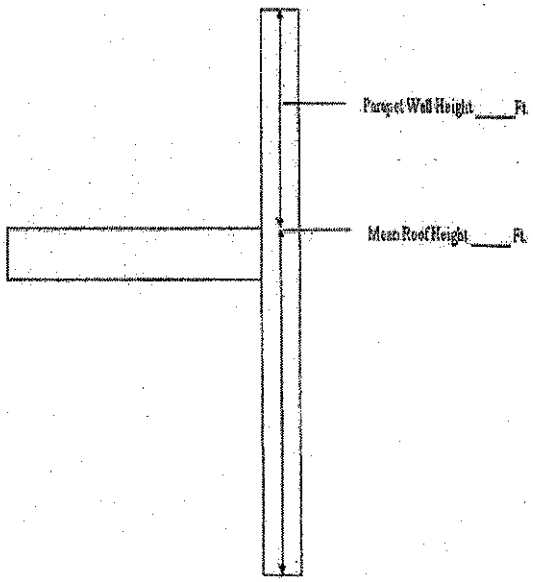
Corner:_____ "o/c @ laps &_____rows @ _____"o/c

Number of Fasteners Per Insulation Board

Field_____ Perimeter _____ Corner_____

Illustrate Components Noted and Details As Applicable:
Woodblocking, Gutter, Edge Terminations, Stripping,, Flashing, Continuous Cleat, Cant Strip, Base Flashing, Counter-flashing,, Coping, Etc.

Indicate: Mean Roof Height, Parapet Height, Height of Base Flashing, Component Material, , Material Thickness, Fastener Type, Fastener Spacing
Or: Submit Manufacturers Details that Comply with RAS-111 and Chapter 16



Section D (Steep Sloped Roof System)

Roof System Manufacturer:_____

Notice of Acceptance Number:_____

Minimum Design Wind Pressures, If Applicable (from RAS 127 or Calculations):

P 1: _____ **P2:** _____ **P3:** _____

Maximum Design Wind Pressure
(From the NOA Specific System):_____

Method of tile attachment:_____

Steep Sloped Roof System Description

Deck Type: _____

Underlayment Type:_____

Insulation:_____

Fire Barrier:_____

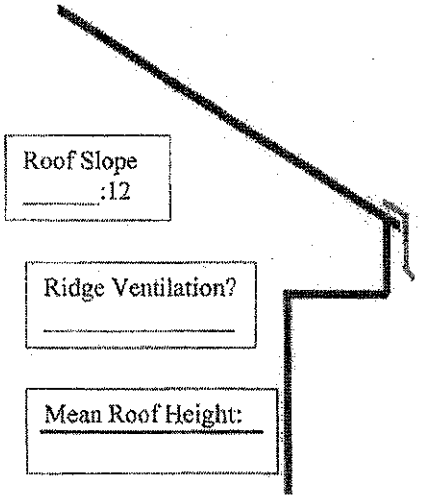
Fastener Type & Spacing:_____

Adhesive Type:_____

Type Cap Sheet:_____

Roof Covering:_____

Type & Size Drip
Edge:_____



Florida Building Code Edition **2002**
HIGH VELOCITY HURRICANE ZONE UNIFORM ROOFING PERMIT APPLICATION

SECTION E (Tile Calculations)

For moment based tile systems, chose either Method 1 or 2. Compare the values for $\mathbf{M_r}$ with the values from M_f. If the $\mathbf{M_f}$ **values** are greater than or equal to the $\mathbf{M_r}$ values, for each area **of the** roof, then the tile attachment method is acceptable.

Method 1 "Moment Based Tile Calculations Per **RAS 127**"

P_1:_____ x λ _____ =_____) **-Mg:** _____ = $\mathbf{M_{rf}}$:_____ NOA M_f: _____
P_2:_____ x λ _____ =_____) **-Mg:** _____ = $\mathbf{M_{r1}}$:_____ NOA $\mathbf{M_f}$: _____
P_3:_____ x λ _____ =_____) **-Mg:** _____ = M_r: _____ NOA $\mathbf{M_f}$: _____

Method 2 "Simplified Tile Calculation Per Table Below"

Required Moment of Resistance (M_r) From Table Below: _____ **NOA M_f:** ____

M_r Required Moment Resistance*					
Mean Roof Height Roof Slope	15'	20'	25'	30'	40'
2:12	34.4	36.5	38.2	39.7	42.2
3:12	32.2	34.4	36.0	37.4	39.8
4:12	30.4	32.2	33.8	35.1	37.3
5:12	28.4	30.1	31.6	32.8	34.9
6:12	26.4	28.0	29.4	30.5	32.4
7:12	24.4	25.9	27.1	28.2	30.0

*This table must be used in conjunction with a list **of** moment based tile systems endorsed by the Bmward County Board of Rules and Appeals.

For **uplift** based tile systems use Method 3. Compare the values for F' with the values for $\mathbf{F_r}$. If the F' values **are** greater than or equal to the F_r values, for each area of the roof, then the tile attachment method is **acceptable.**

Method 3 "Uplift Based Tile Calculations Per **RAS 127**"

(P_1:_____ x **l:**_____ = _____ x **w:**_____) – w: _____ x cos θ: _____ = $\mathbf{F_{r1}}$:_____ NOA **F':**_____
(P_2:_____ x l:_____ = _____ x w:_____) – **w:**_____ x cos θ: _____ = $\mathbf{F_{r2}}$_____ NOA **F':**_____
(P_3:_____ x **l:**_____ = _____ x w : – w : x cos θ: _____ = F_{r3}_____ NOA F':_____

Where to Obtain Information

Description	Symbol	Where to Find
Design Pressure	P1 or P2 or P3	RAS 127 Table 1 or by an engineering analysis prepared by a P.E. based on ASCE 7
Mean Roof Height	H	Job Site
Roof Slope	θ	Job Site
Aerodynamic Multiplier	λ	NOA
Restoring Moment due to Gravity	M_g	NOA
Attachment Resistance	M_f	NOA
Required Moment Resistance	M_r	Calculated
Minimum Attachment Resistance	F'	NOA
Required Uplift Resistance	F_r	Calculated
Average Tile Weight	W	NOA
Tile Dimensions	l = length w = width	NOA

All calculations most **be submitted** to the Building **Official** at the **time of permit app ication.**

City of North Miami
Community Planning & Development Department

Owner's Notification for Roofing Permits issued under the Florida Building Code

Section 1524 • High Velocity Hurricane Zones Required Owners Notification for Roofing Considerations

1524.1 As it pertains to this section, it is the responsibility of the roofing contractor to provide the owner with the required roofing permit, and to explain to the owner the content of this section.. The provisions of Chapter 15 of the Florida Building Code, Building govern the minimum requirements and standards of the industry for roofing system installations. Additionally, the following items should be addressed as part of the agreement between the owner and the contractor. The owner's initial in the adjacent box indicates that the item has been explained.

_____1. Aesthetics-Workrnanshlp:The workmanship provisions of Chapter 15 (High Velocity Hurricane Zone) are for the purpose of providing that the roofing system meets the wind resistance and water intrusion performance standards. Aesthetics (appearance)issues are not a considerationwilh respect to workmanship provisions. Aesthetic issues such as color or architectural appearance, that are not part of a zoning code, should be addressed as part of the agreement between the owner and the contractor.

_____2. Renailing Wood Decks: When replacing roofing, the existing wood roof deck may have to be renailed in accordance with the current provisions of Chapter 16 (High Velocity Hurricane Zones) of the Florida Building Code. (The roof deck is usually concealed prior to removing the existing roof system).

_____3. Common Roofs: Common roofs are those which have no visible delineation between neighboring units (i.e. townhouses, condominiums, etc.). In buildings with common roofs, the roofing contractor and/or owner should notify the occupants of adjacent units of roofing work to be performed.

_____4. Exposed Ceilings: Exposed, open beam ceilings are where the underside of the roof decking can be viewed from below. The owner may wish to maintain the architectural appearance, therefore, roofing nail penetrations of the underside of the decking may not be acceptable. The Florida Building Code provides the option of maintaining this appearance.

_____5. Ponding Water: The current roof system and/or deck of the building may not drain well and may cause water to pond (accumulate) in low-lying areas of the roof. Ponding can be an indication of structural distress and may require the review of a professional structural engineer. Ponding may shorten the life expectancy and performance of the new roofing system. Ponding conditions may not be evident until the original roofing system is removed. Ponding conditions should be corrected.

_____6. Overflow scuppers (wall outlets): It is required that rainwater flow off so that the roof is not overloaded from a build up of water. Perimeter/edge walls or other roof extensions may block this discharge'if overflow scuppers (wall outlets) are not provided. It may be necessary to install overflow scuppers in accordance with the Florida Building Code. Plumbing.

_____7. Ventilation: Most roof structures should have some ability to vent natural airflow through the interior of the structural assembly (the building itself). The existing amount of attic ventilation shall not be reduced. It may be beneficial to consider additional venting which can result in extending the service life of the roof.

_____ ____/____/____ _____

Owner's/Agent's Signature Date Contractor's Signature

NOTICE OF COMMENCEMENT

A RECORDED COPY MUST BE POSTED ON THE JOB SITE AT TIME OF FIRST INSPECTION

PERMIT NO._____TAX FOLIO NO._____

STATE OF FLORIDA:
COUNTY OF MIAMI-DADE:

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Legal description of property and street/address: _____

2. Description of improvement: _____

3. Owner(s) name and address: _____

Interest in property: _____

Name and address of fee simple titleholder: _____

4. Contractor's name and address: _____

5. Surety: (Payment bond required by owner from contractor, if any)

Name and address: _____

Amount of bond $_____

6. Lender's name and address: _____

7. Persons within the state of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes,

Name and address: _____

8. In addition to himself, Owners designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Name and address: _____

9. Expiration date of this Notice of Commencement: (the expiration date is 1 year from the date of recording unless a different date is specified) _____

_____
Signature of Owner

Print Owner's Name_____ Prepared by_____

Sworn to and subscribed before me this _____ day of _____, 20 ___.

Address: _____

Notary Public _____

Print Notary's Name _____

My commission expires: _____

113_01-39 8104 PAGES

Space above this line for recording

NOTICE OF TERMINATION
OF NOTICE OF COMMENCEMENT

TO WHOM IT MAY CONCERN:

The undersigned hereby informs you that the certain NOTICE OF COMMENCEMENT filed on _____, and recorded in Official Records _____ of the
(Date)
Public Records of Miami-Dade County, Florida, is hereby **terminated** effective immediately. This Notice of Termination of Notice of Commencement is intended to apply to all of the real property described as follows:

Affiant further states that he is familiar with the nature of an oath, and with the penalties as provided by the laws of the State aforesaid for falsely swearing to statements made in an instrument of this nature. Affiant farther states that he has read, or has heard read to him the full facts of this Affidavit and understands its context.

FURTHER AFFIANT SAYETH NAUGHT.

_____
Name:
Title: _____

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this _____day of _____

20____, by _____, who is personally known to me or who has

produced _____as identification.

_____
NOTARY PUBLIC, State of Florida
Commission No.: