



# City of Miami Gardens

**Building Department**  
1515 N.W. 167<sup>th</sup> Street, Bldg. # 4  
Miami Gardens, Florida 33169  
305-622-8027 (office) 305-622-8557 (fax)  
[www.miamigardens-fl.gov](http://www.miamigardens-fl.gov)

Office Use Only	
Process No.	_____
Date	_____
Clerk	_____
Date Issued	_____

## ADDENDUM TO OWNER/BUILDER ASPHALTIC SHINGLE ROOF PERMIT APPLICATION

**Owner's Affidavit:** Application is hereby made to obtain a permit to do work and installation as indicated on the attached permit application. I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I acknowledge that as owner-builder I have the ability and knowledge of the Florida Building Code to perform this work and understand that appropriate materials must be used and completed work must meet the code in order to pass inspection. I understand that all required inspections must be performed to include the tin cap/dry in inspection, shingle in progress inspection and the final inspection. No final inspection will be given until all required inspections approved as per code, and no final inspection will be passed if the subject work is not completed as required by all applicable Rules and Florida Building Code.

ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ MOBILE \_\_\_\_\_

### NOTARIZED SIGNATURE OF PROPERTY OWNER

\_\_\_\_\_  
Owner's Signature  
State of Florida, County of  
Miami-Dade  
Sworn and subscribed to  
me this

\_\_\_\_\_  
Owner Print Name

\_\_\_\_\_  
Month      Day      Year

\_\_\_\_\_  
Notary's Signature

Personally Known or ID

\_\_\_\_\_  
Type  
Expiration Date:

\_\_\_\_\_  
Notary Stamp