



## City of Miramar | Building Division

Building, Planning & Zoning Department  
2200 Civic Center Place | Miramar, Florida 33025  
Tel: 954.602.3200 | Fax: 954.602.3635  
www.miramarfl.gov

## Roofing Application Package

### WHO CAN APPLY (A or B)

**A. Licensed Contractors for Residential Permit** can be issued to **Licensed Contractors** properly registered in the Building Division, providing all updated licenses & insurances.

#### **ATTENTION HOMEOWNER – FOR RESIDENTIAL APPLICATION ONLY- READ CAREFULLY**

- B. Owner/Builder for Residential Only.** Permit can be issued to owner/builder as per the following requirements:
- Picture ID (Driver License, ID card) matching the address where the work will be conducted.
  - Proof of ownership (Recorded warranty deed, tax statement, settlement statement).
  - Verification or confirmation of Homestead Exemption
  - **If a contractor is hired, then the contractor must pull the permit**

### REQUIRED DOCUMENTS – CHECK LIST

- Complete Permit application Form.
- Building Permit Valuations. FBC 109- 109.3.1 The Building Official may require an estimate of the cost utilizing RSMMeans and/or other descriptive data as a basis for determining the permit fee. The applicant for a permit shall provide an estimated permit value at a time of application. Permit valuations, shall include total value of work, including materials and labor.
- Affidavit of Awareness of Homeowner’s Association (Included in this package). This a mandatory Affidavit as per City Ordinances which should be completed even if the property is not located in a Community Homeowner’s Association.
- Affidavit of Roof Underlayment for **Shingles and Metal Roofs** (Included in this package).
- Affidavit of Roof to Wall Connection Hurricane Mitigation (Included in this package).
- Mandatory Rooftop Mounted Equipment Affidavit (Included in this package).
- Construction Debris Removal Affidavit (Included on this package). **This is mandatory as per City Ordinances, and it shall be completed by the applicant for permit.**
- Owner-Builder Disclosure Statement. **This is only applicable to Owner/ Builder Applicant for permit.**
- One (1) set of Product Approval or Notice of Acceptance for the roof system (Shingles, Roof Tiles, Flat roof system, Metal Panels. Roof Underlayment, etc.).
- One (1) set of the Roofing Uniform Application Package, including all permitting documents. Follow the roofing instructions (Roof Section 1525) and provide only the applicable roofing forms.
- Broward County Asbestos Certificate. 954-357-6666 ext.1, 954-519-0340 . [Asbestohelp@broward.org](mailto:Asbestohelp@broward.org)
- For Engineered Plans and Calculations submitted in digital format, digital submittal, **an Affidavit of Identical Documents** should be submitted along with the other permitting documents. (Included in this package).

**Attention Applicant:** As per Florida Statutes 713.135, a Recorded Notice of Commencement is required when construction, renovation, alterations values exceed \$5,000. This subsection does not apply to repair or replace an existing heating or air-conditioning system in an amount less than \$15,000.

**\*\*The Recorded Notice of Commencement is required at the first inspection\*\***

**BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION**

Revised 11-17-2022

Select One Trade:  Building  Electrical  Plumbing  Mechanical  Other \_\_\_\_\_

Application Number: \_\_\_\_\_ Application Date: \_\_\_\_\_

1

Job Address: \_\_\_\_\_ Unit: \_\_\_\_\_ City: \_\_\_\_\_

Tax Folio No.: \_\_\_\_\_ Flood Zn: \_\_\_\_\_ BFE: \_\_\_\_\_ Floor Area: \_\_\_\_\_ Job Value: \_\_\_\_\_

Building Use: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Occupancy Group: \_\_\_\_\_

Present Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Description of Work: \_\_\_\_\_

New  Addition  Repair  Alteration  Demolition  Revision  Other: \_\_\_\_\_

Legal Description: \_\_\_\_\_  Attachment

2

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3

Contracting Co.: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Qualifier's Name: \_\_\_\_\_  Owner-Builder License Number: \_\_\_\_\_

4

Architect/Engineer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Architect/Engineer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bonding Company: \_\_\_\_\_

Bonding Company's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fee Simple Titleholder's Name (If other than the owner) \_\_\_\_\_

Fee Simple Titleholder's Name (If other than the owner) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mortgage Lender's Name: \_\_\_\_\_

Mortgage Lender's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Job Address: \_\_\_\_\_ Unit: \_\_\_\_\_ City: \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

**OWNER'S AFFIDAVIT:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

<p>X _____ Signature of Property Owner or Agent (Including Contractor)</p> <p><b>STATE OF FLORIDA</b> <b>COUNTY OF _____</b></p> <p>Sworn to (or affirmed) and subscribed before me by means of ___ physical presence or ___ online notarization, this ___ day of _____, 20___ by  _____ (Type/Print Property Owner or Agent Name)</p> <p>_____ NOTARY'S SIGNATURE as to Owner or Agent's Signature</p> <p>Notary Name _____ (Print, Type or Stamp Notary's Name)</p> <p>Personally Known _____ Produced Identification _____</p> <p>Type of Identification Produced _____</p>	<p>X _____ Signature of Qualifier</p> <p><b>STATE OF FLORIDA</b> <b>COUNTY OF _____</b></p> <p>Sworn to (or affirmed) and subscribed before me by means of ___ physical presence or ___ online notarization, this ___ day of _____, 20___ by  _____ (Type/Print Qualifier or Agent Name)</p> <p>_____ NOTARY'S SIGNATURE as to Qualifier or Agent's Signature</p> <p>Notary Name _____ (Print, Type or Stamp Notary's Name)</p> <p>Personally Known _____ Produced Identification _____</p> <p>Type of Identification Produced _____</p>
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APPROVED BY: \_\_\_\_\_ Permit Officer      Issue Date: \_\_\_\_\_ Code in Effect: \_\_\_\_\_  
  FOR OFFICE USE ONLY    FOR OFFICE USE ONLY    FOR OFFICE USE ONLY

**A jurisdiction may use a supplemental page requesting additional information and citing other conditions, please inquire.**

Note: If any development work as described in FS 380.04 Sec. 2 a-g is to be performed, a development permit must be obtained prior to the issuance of a building permit.



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# Affidavit of Awareness of Homeowner's Association Regulations

The following "Affidavit" is required as per City's ordinance. This is a mandatory affidavit which is required even if your property is not located in a Homeowner's Association.

### ATTENTION APPLICANT. READ CAREFULLY

- For homeowner/Builder applicants, this affidavit can be notarized by Permit Clerk at the Building Division. Homeowner should appear in person with required picture I.D. (i.e. Driver License) and proof of ownership (i.e. Recorded Warranty, County Tax Statement). The physical address on I.D. shall match the address on the proof of ownership (i.e. Recorded Warranty Deed).
- For Licensed Contractor applicants, this affidavit can be notarized outside the Building Division by any Notary Public.

**Homeowner or Condominium Association Affidavit Requirement. Miramar - City Code Sec. 22-29.(c)(1)** As part of the application process for a building permit in accordance with this chapter and with Section 713.20 of the Land Development Code, each applicant shall sign an affidavit (the "affidavit of awareness") indicating that the applicant is aware that, if the subject property is located in a Homeowners' Association or Condominium Association, as defined in this section, the applicant's property may be subject to additional regulations despite the issuance of a building permit by the city.

This serves to notify such homeowner that the issuance of a Building, Landscaping, or other permits by the City of Miramar, Florida does not exempt he/she from any and all other regulations imposed by the Homeowner's Association (HOA) in which his/her property is located. Be aware that despite the issuance of a building permit by the city, the applicant's property may result in additional regulations or denial to perform the work in your property located at HOA community.

### Read and Initial to the left of the applicable statement

\_\_\_\_\_ I acknowledge that I am the owner of property located in the following Homeowner's Association:

\_\_\_\_\_  
Print Name of Homeowner's Association

\_\_\_\_\_ I acknowledge that my property is not located in a Homeowners' Association.

Name: \_\_\_\_\_  
Homeowner - Print Name

Job Address: \_\_\_\_\_

Miramar, Florida Zip Code : \_\_\_\_\_

Signature: \_\_\_\_\_  
Homeowner - Signature

STATE OF FLORIDA. Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public





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## Owner Builder Disclosure Statement (For Owner Builder Only)

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Miramar, FL, Zip Code: \_\_\_\_\_

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

I am submitting an application for a Building Permit as an Owner-Builder in accordance with the exemption set forth in Florida Statute 489.103. Florida law requires construction to be done by a licensed contractor. It's a requirement by law you read and sign the following statements, and hence you can understand your responsibilities as an owner-builder. By signing the following statements, you attest that:

**DISCLOSURE STATEMENT**  
*(Read and Initial to the left of each statement)*

- 1. I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.
- 2. I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.
- 3. I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on permits and contracts.
- 4. I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption.
- 5. I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.
- 6. I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance.
- 7. I understand that it is a frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property.
- 8. I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk.
- 9. I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.



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## Owner/Builder Disclosure Statement *(Continuation)*

- 10. I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at (telephone number) or (Internet website address) for more information about licensed contractors.
- 11. I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the address listed above.
- 12. I agree to notify (issuer of disclosure statements) immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure.

Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner and returned to the local permitting agency responsible for issuing the permit. A copy of the property owner's driver license, the notarized signature of the property owner, or other type of verification acceptable to the local permitting agency is required when the permit is issued.

I have read the foregoing instructions and I am aware of my responsibilities.

\_\_\_\_\_  
*Owner Signature*

\_\_\_\_\_  
*Date Signed*

STATE OF FLORIDA, COUNTY OF BROWARD. Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

***F.S 489.103. 3(c). If any person violates the requirements of this subsection, the local permitting agency shall withhold final approval, revoke the permit, or pursue any action or remedy for unlicensed activity against the owner and any person performing work that requires licensure under the permit issued.***



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**Construction Debris  
Removal Affidavit**

**PLEASE READ CAREFULLY**

**Section 18-7 of the Code of Ordinances of the City of Miramar (“City Code”)** requires any debris from demolition work, renovations, re-roofs, and new construction to be removed by the City’s trash vendor, Waste Pro of Florida (“Waste Pro”). Failure to adhere to this requirement shall be deemed a violation of the City Code Section 18-7 and shall be subject to code compliance activities that may result in fines/penalties, as provided in the City Code. For roll-off collection services, homeowners/builders and licensed contractors shall contact Waste Pro at the information below.

**Waste Pro: 17302 Pines Blvd, Pembroke Pines, FL 33029**  
**Phone: (954) 967-4200**  
**Fax: (954) 241-4489**  
**Website: [www.wasteprousa.com](http://www.wasteprousa.com)**



Read and initial to the left of the applicable statement.

I acknowledge that I must contact Waste Pro for the removal of all construction and demolition debris.

Name:

Job Address:   
 City , State  Zip Code

Signature: \_\_\_\_\_

STATE OF FLORIDA. Sworn to and subscribed before me this  day of , 20

Notary Public



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## REINAILING AFFIDAVIT (For Reroof on Wooden Roof Deck)

**THE COMPLETE REINAILING AFFIDAVIT SHOULD BE AVAILABLE TO THE INSPECTOR AT THE FIRST INSPECTION.**

Permit Number: \_\_\_\_\_

Job Address: \_\_\_\_\_ Miramar, Fl. \_\_\_\_\_

I, \_\_\_\_\_, acting as Roofing Contractor or Owner Builder  
 (Print name clearly)

*I do hereby affirm that I have personally inspected the re-nailing of roof sheathing for the area covered by the roofing permit referenced above, and further state that the fasteners of the sheathing meets the requirements of 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. Also, the re-nailing of roof sheathing shall be in compliance with Florida Building Code Section 2322.2.5*

*“Nails and nail spacing shall be designed in accordance with ASCE 7 and shall be spaced no more than 6 inches (152 mm) on center at panel edges and at intermediate supports. Nails shall be minimum hand driven 8d ring shank or power driven 8d ring shank nails of the following minimum dimensions (a) 0.113-inch (2.9 mm) nominal shank diameter, (b) ring diameter of 0.012 inch (0.3 mm) over shank diameter, (c) 16 to 20 rings per inch, (d) 0.280-inch (7.1 mm) full round head diameter, (e) 2-inch (60.3 mm) nail length”.*

Signature: \_\_\_\_\_  
Contractor (Qualifier) Company Name License Number  
 \* If Permit is by Owner, then owner must sign \*

State of Florida.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

- Personally known to me.
- Produced photo identification ( \_\_\_\_\_ )

(Notary seal/stamp)

Notary: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature



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## ROOF TO WALL CONNECTION HURRICANE MITIGATION RETROFIT FOR EXISTING SINGLE-FAMILY RESIDENCE OWNER'S AFFIDAVIT OF EXEMPTION

The Property Owner of record must initial the selected option and sign this affidavit.

PROPERTY ADDRESS: \_\_\_\_\_ MIRAMAR FL. \_\_\_\_\_

Attention to Building Official, Building Division City of Miramar

I, \_\_\_\_\_ certify that I am not required to retrofit the Roof-to-Wall connections of my building because of one of the following:

- a). \_\_\_\_\_ The just valuation for the structure for purposes of ad valorem taxation is less than \$300,000. **Provide Property Tax Information from Broward County Property Appraiser.** If 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, the following apply:
  - Provide a Compliance Letter signed & sealed by Florida Professional Engineer or Registered Architect.
  - Provide a Structural/Building Application for the improvement of the Roof to Wall Connection prepared by a Builder Contractor including a complete Special Inspector Form signed & sealed by a Professional Engineer or Registered Architect.
- b). \_\_\_\_\_ The building has an insured value of \$300,000 or less. **Provide copy of homeowner's insurance.**  
 \_\_\_\_\_ 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). **To verify built date, provide Property Tax Information from Broward County Property Appraiser.** If the building was constructed before 1994 provide a **Compliance Letter from a Florida Professional Engineer or Registered Architect.**
- c). \_\_\_\_\_ The roof-to-wall connections at gables ends or all corners cannot be completed for 15% of the cost of roof replacement. **Provide an estimate of costs for the retrofit prepared by a Florida General Contractor, Florida Residential Building Contractor, or Florida Certified Building Contractor**

Property Owner's Name (Print) \_\_\_\_\_

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

Date \_\_\_\_\_

### STATE OF FLORIDA

The foregoing instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

By \_\_\_\_\_

Who is  Personally, known to me or

Produced the following type of identification \_\_\_\_\_

(NOTARY SEAL)

NOTARY PRINTED NAME \_\_\_\_\_

NOTARY SIGNATURE \_\_\_\_\_

**MANDATORY COUNTYWIDE ROOFTOP MOUNTED EQUIPMENT AFFIDAVIT**

ALL EQUIPMENT THAT IS ROOFTOP MOUNTED IS REQUIRED TO BE IDENTIFIED BY THIS AFFIDAVIT AND SUBMITTED WITH THE HIGH VELOCITY HURRICANE ZONE UNIFORM ROOFING PERMIT APPLICATION

Permit Number: \_\_\_\_\_

Site Address: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Qualifier: \_\_\_\_\_

License Number: \_\_\_\_\_ Contact No: \_\_\_\_\_

**PLEASE CHECK ALL APPLICABLE EXISTING ROOFTOP EQUIPMENT:**

- A/C EQUIPMENT       PHOTOVOLTAIC PANELS       SOLAR THERMAL       GAS VENTS
- WATERLINES       ELECTRICAL CONDUITS       N/A

**PERMITS ARE REQUIRED FOR:**

- REMOVAL AND REINSTALLATION OF PHOTOVOLTAIC PANELS.
- REMOVAL AND REINSTALLATION OF SOLAR THERMAL.
- REMOVAL AND REINSTALLATION OF GAS VENTS.

**IF A/C EQUIPMENT IS CHECKED ABOVE:**

- IS THERE AN EXISTING CODE APPROVED CURB OR STAND?       YES       NO       N/A

IF YOU ANSWERED NO, A MECHANICAL PERMIT IS REQUIRED FOR THE INSTALLATION OF THE PROPOSED CURB OR STAND.

ANY ROOFTOP EQUIPMENT REMOVED DURING REROOFING, SHALL BE REINSTALLED IN COMPLIANCE WITH THE CODE IN EFFECT AT THE TIME A REROOFING PERMIT IS ISSUED.

**NOTE:** All above permits may be considered as deferred submittals.

\_\_\_\_\_  
CONTRACTOR/OWNER BUILDER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT CONTRACTOR/OWNER BUILDER NAME





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## Roof Underlayment Affidavit for Shingles & Metal Roof as per FBC 1518.2.1

*This should be completed only for Shingles & Metal Roof.*

*Applicant/Contractor must initial in the designated space the option for the underlayment...*

As per FBC 1518.2.1, the underlayment for asphalt shingles, metal roof panels or shingles, mineral surfaced roll roofing, slate and slate-type shingles shall comply with one of the following methods. Please, initial the applicable method for the underlayment.

\_\_\_\_\_ The entire roof deck shall be covered with an approved self-adhering polymer modified bitumen underlayment complying with ASTM D1970

\_\_\_\_\_ A minimum 3 3/4-inch-wide (95 mm) strip of self -adhering polymer-modified bitumen membrane complying with ASTM D1970 or self-adhering flexible flashing tape complying with AAMA 711, Level 3 [for exposure up to 176°F (80°C)], installed in accordance with the manufacturer's instructions for the deck material, shall be applied over all joints in the roof decking.

\_\_\_\_\_ Two layers of ASTM D226 Type II, D4869 Type III or IV, or D8257 underlayment.

Property Address: \_\_\_\_\_

Contractor/Applicant Name: \_\_\_\_\_

Contractor/Qualifier License No.: \_\_\_\_\_

Applicant - Owner Builder

\_\_\_\_\_  
Contractor /Applicant Signature

\_\_\_\_\_  
Date

In the STATE OF \_\_\_\_\_

Sworn to and affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
(Print Owner Name)

Personally known

or Produced Identification

\_\_\_\_\_

\_\_\_\_\_  
(Print Notary's name) Commission Number: \_\_\_\_\_

\_\_\_\_\_  
(Notary Signature)

(Notary Seal)



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## Affidavit of Identical Documents for Digital Submittal

Attention: All documents digitally submitted for permitting purpose shall be in True PDF format. Other formats, including pictures converted to PDF won't be accepted.

I, *(print full name)* \_\_\_\_\_ **Architect/Engineer of Record** with registration number AR/PE # \_\_\_\_\_ with the Architectural/Engineering Firm (Name) \_\_\_\_\_

\_\_\_\_\_, hereby attest or affirm that the electronic files submittal of the plans for project located at the location shown below are an exact and accurate duplicate of the complete hardcopy set of plans submitted to the Building Division.

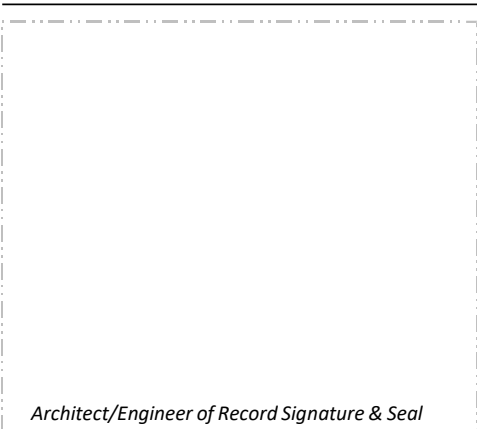
Project Name \_\_\_\_\_

Property Address: \_\_\_\_\_

Folio No.: \_\_\_\_\_

I also hereby acknowledge that if there are any discrepancies between the two versions, the review process for said project will be terminated, become null and void, and require re-application under a new permit application number. Previously reviewed plans and comments will be discarded. This affidavit will apply to all documents submitted electronically throughout the life of the project including initial submittal, re-works, revisions, shop drawings, etc.

Description of digitally signed & sealed documents: \_\_\_\_\_



Designer of Record Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

\_\_\_\_\_

*Architect/Engineer of Record Signature & Seal*

If the above signature of Professional Engineer/Architect is in digital format, a notarization is required.

Sworn to (or affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Personally known       Produced Identification \_\_\_\_\_ ID # \_\_\_\_\_

Notary Name: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

\_\_\_\_\_ Notary Seal

**Section 1525**  
**Florida Building Code 8th Edition (2023)**  
**I High-Velocity Hurricane Uniform Permit Application Form**

**INSTRUCTION PAGE**

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

<b>Roof System</b>	<b>Required Sections of the Permit Application Form</b>	<b>Attachment Required See list Below</b>
Low Slope Roof	A, B, C,	1, 2, 3, 4, 5, 6, 7
Prescriptive BUR-RAS 150	A, B, C,	4, 5, 6, 7
Asphaltic 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

**ATTACHMENTS REQUIRED:**

1.	Fire Directory Listing Page
2.	From Product Approval: <ul style="list-style-type: none"> <li>- Front Page</li> <li>- Specific System Description Specific</li> <li>- System Limitations.</li> <li>- General Limitations</li> <li>- Applicable Detail Drawings</li> </ul>
3.	Design Calculations per Chapter 16, or if applicable, RAS 127 or RAS 128
4.	Other Component of Product Approval
5.	Municipal Permit Application (Broward County Standard Application Form)
6.	Owners Notification for Roofing Considerations (Reroofing Only)
7.	Any Required Roof Testing/Calculation Documentation

**Florida Building Code 8th Edition (2023)**  
**High-Velocity Hurricane Uniform Permit Application Form**

**Section A (General Information)**

Master Permit No. \_\_\_\_\_ Process No. \_\_\_\_\_

Contractor's name: \_\_\_\_\_

Job Address: \_\_\_\_\_

**ROOF CATEGORY**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Low Slope          | <input type="checkbox"/> Mechanically Fastened Tile | <input type="checkbox"/> Mortar/Adhesive Set Tiles |
| <input type="checkbox"/> Asphaltic Shingles | <input type="checkbox"/> Metal Panel / Shingles     | <input type="checkbox"/> Wood Shingles / Shakes    |
|   | <input type="checkbox"/> Prescriptive BUR-RAS150    |  |

**ROOF TYPE**

- |                                   |                                 |                                      |                                    |                                     |
|-----------------------------------|---------------------------------|--------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> New Roof | <input type="checkbox"/> Repair | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Reroofing | <input type="checkbox"/> Recovering |
|-----------------------------------|---------------------------------|--------------------------------------|------------------------------------|-------------------------------------|

**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.

A large grid area for sketching the roof plan, consisting of 20 columns and 20 rows of squares.

**Florida Building Code 8<sup>th</sup> Edition (2023)**  
**High Velocity Hurricane Zone · Uniform Roofing Application Form**

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

Note: If Product Approval is submitted, an Engineering Calculation may be required.

**Fill in Specific Roof Assembly Components and Identify Manufacturer**

(If a component is not used, identify as "NA")

System Manufacturer: \_\_\_\_\_

Product Approval No.: \_\_\_\_\_

Design Wind Pressures, From RAS 128 or Calculations:

Zone 1': \_\_\_\_\_ Zone 1: \_\_\_\_\_ Zone 2: \_\_\_\_\_ Zone 3: \_\_\_\_\_

Max. Design Pressure, From the Specific Product Approval: \_\_\_\_\_ Page No. \_\_\_\_\_

Roof System from Product Approval: \_\_\_\_\_

\_\_\_\_\_

Deck:  
Type: \_\_\_\_\_

Gauge/Thickness: \_\_\_\_\_

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 Fastener/Bonding Material:  
\_\_\_\_\_

Base Sheet(s) & No. of Ply(s): \_\_\_\_\_

Base Sheet Fastener/Bonding Material:  
\_\_\_\_\_

Ply Sheet(s) & No. of Ply(s): \_\_\_\_\_

Ply Sheet Fastener/Bonding Material:  
\_\_\_\_\_

Top Ply: \_\_\_\_\_

Top Ply Fastener/Bonding Material:  
\_\_\_\_\_

Surfacing: \_\_\_\_\_

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

Zone 1': \_\_\_\_\_" oc @ Lap, # Rows \_\_\_\_\_ @ \_\_\_\_\_" oc

Zone 1: \_\_\_\_\_" oc @ Lap, # Rows \_\_\_\_\_ @ \_\_\_\_\_" oc

Zone 2: \_\_\_\_\_" oc @ Lap, # Rows \_\_\_\_\_ @ \_\_\_\_\_" oc

Zone 3: \_\_\_\_\_" oc @ Lap, # Rows \_\_\_\_\_ @ \_\_\_\_\_" oc

**Number of Fasteners Per Insulation Board:**

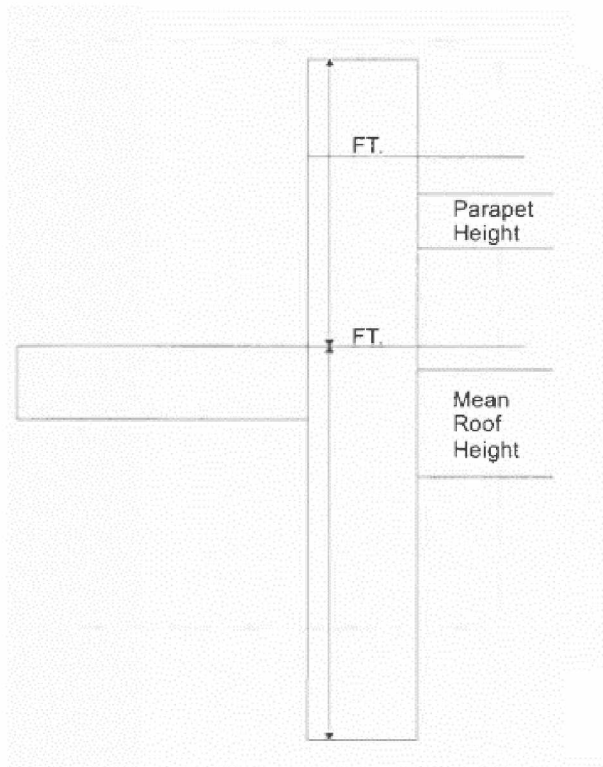
Zone 1': \_\_\_\_\_ Zone 1: \_\_\_\_\_ Zone 2: \_\_\_\_\_ Zone 3: \_\_\_\_\_

Type of Fastener: \_\_\_\_\_

**Illustrate Components Noted and Details as Applicable:**

Wood blocking, Gutter, Edge Termination, 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.



**Florida Building Code 8th Edition (2023)**  
**High-Velocity Hurricane Zone Uniform Permit Application Form**

**Section D (Steep Sloped Roof System)**

Roof System Manufacturer: \_\_\_\_\_

Notice of Acceptance Number: \_\_\_\_\_

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

Zone 1: \_\_\_\_\_ Zone 2: \_\_\_\_\_ Zone 3: \_\_\_\_\_

Roof Gable

Roof Hip

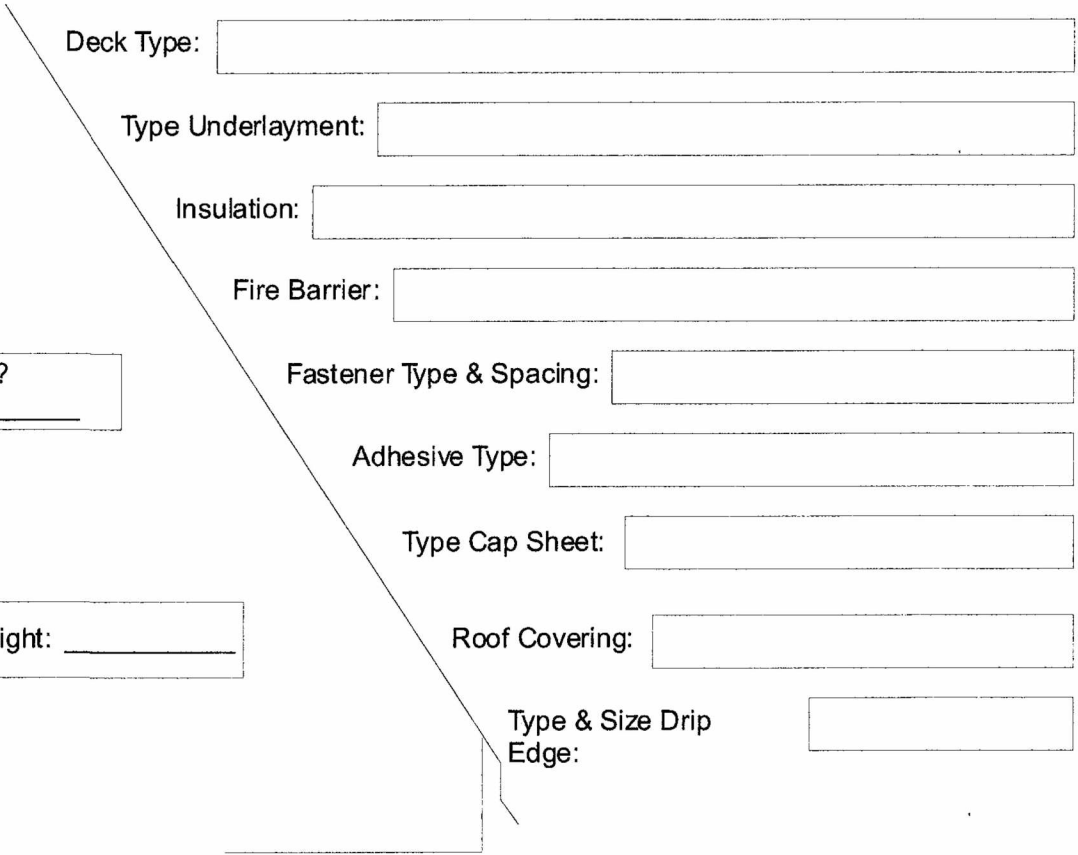
Roof Hip/Gable

Method of Tiles Attachment: \_\_\_\_\_

Roof Slope:  
\_\_\_\_\_: 12

Ridge Ventilation?  
\_\_\_\_\_

Mean Roof Height: \_\_\_\_\_





## Florida Building Code 8th Edition (2023) High-Velocity Hurricane Uniform Permit Application Form Section E

### Section E (Tile Calculations)

For Moment-based tile systems, choose either Method 1 or 2. Compare the values for  $M_r$  with the values from  $M_r$ . If the  $M_r$  values are greater than or equal to the  $M_r$  values, for each area of the roof then the tile attachment method is acceptable.

#### Method 1 "Moment-Based Tile Calculations Per RAS 127"

(Zone 1:  $\underline{\hspace{1cm}} \times \lambda \underline{\hspace{1cm}} = \underline{\hspace{1cm}}$ ) – Mg:  $\underline{\hspace{1cm}} = M_{r1}$  Product Approval  $M_r$   $\underline{\hspace{1cm}}$   
 (Zone 2:  $\underline{\hspace{1cm}} \times \lambda \underline{\hspace{1cm}} = \underline{\hspace{1cm}}$ ) – Mg:  $\underline{\hspace{1cm}} = M_{r2}$  Product Approval  $M_r$   $\underline{\hspace{1cm}}$   
 (Zone 3:  $\underline{\hspace{1cm}} \times \lambda \underline{\hspace{1cm}} = \underline{\hspace{1cm}}$ ) – Mg:  $\underline{\hspace{1cm}} = M_{r3}$  Product Approval  $M_r$   $\underline{\hspace{1cm}}$

#### Method 2 "Simplified Tile Calculations Per Table Below"

Required Moment of Resistance ( $M_r$ ) From Table Below  $\underline{\hspace{1cm}}$  Product Approval  $M_r$   $\underline{\hspace{1cm}}$

M <sub>r</sub> required Moment Resistance*					
Mean Roof Height Roof Slope	15'	20'	25'	30'	40'
2:12	-46	-47.6	-49.4	-50.9	-53.3
3:12	-47.3	-48.9	-50.7	-52.2	-54.6
4:12	-47.2	-52.0	-53.8	-55.3	-57.9
5:12	-39.8	-41.5	-42.8	-43.7	-45.7
6:12	-39.6	-40.6	-41.9	-42.9	-44.8
7:12	-39.4	-40.3	-41.6	-42.6	-44.6

Method 2 may be utilized within Broward County Exposure C only.

For Uplift-based tile systems use Method 3. Compare the values for  $F'$  with the values for  $F_r$ . 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"

(Zone 1:  $\underline{\hspace{1cm}} \times L \underline{\hspace{1cm}} = \underline{\hspace{1cm}} \times w: = \underline{\hspace{1cm}}$ ) – W:  $\underline{\hspace{1cm}} \times \cos r \underline{\hspace{1cm}} = F_{r1}$  Product Approval  $F'$   $\underline{\hspace{1cm}}$   
 (Zone 2:  $\underline{\hspace{1cm}} \times L \underline{\hspace{1cm}} = \underline{\hspace{1cm}} \times w: = \underline{\hspace{1cm}}$ ) – W:  $\underline{\hspace{1cm}} \times \cos r \underline{\hspace{1cm}} = F_{r2}$  Product Approval  $F'$   $\underline{\hspace{1cm}}$   
 (Zone 3:  $\underline{\hspace{1cm}} \times L \underline{\hspace{1cm}} = \underline{\hspace{1cm}} \times w: = \underline{\hspace{1cm}}$ ) – W:  $\underline{\hspace{1cm}} \times \cos r \underline{\hspace{1cm}} = F_{r3}$  Product Approval  $F'$   $\underline{\hspace{1cm}}$

Where to Obtain Information		
Description	Symbol	Where to find
Design Pressure	Zones 1, 2, 3	From applicable table in RAS 127 or by an engineering analysis prepared by PE based on ASCE 7
Mean Roof Height	H	Job Site
Roof Slope	$\theta$	Job Site
Aerodynamic Multiplier	$\lambda$	Product Approval
Restoring Moment due to Gravity	$M_g$	Product Approval
Attachment Resistance	$M_r$	Product Approval
Required Moment Resistance	$M_r$	Calculated
Minimum Attachment Resistance	$F'$	Product Approval
Required Uplift Resistance	$F_r$	Calculated
Average Tile Weight	W	Product Approval
Tile Dimensions	L = length W = width	Product Approval
All calculations must be submitted to the building official at the time of permit application.		

**SECTION 1524  
FBC 2023 HIGH VELOCITY HURRICANE ZONES REQUIRED OWNERS  
NOTIFICATION FOR ROOFING CONSIDERATIONS**

**1524.1Scope.** 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 initials in the designated space indicates that the item has been explained.**

\_\_\_\_\_ **1. Aesthetics-Workmanship: Reserved**

\_\_\_\_\_ **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 this code. (The roof deck is usually concealed prior to removing the existing roof system)

\_\_\_\_\_ **3. Common Roofs: Reserved**

\_\_\_\_\_ **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. This provides the option of maintaining this appearance.

\_\_\_\_\_ **5. Ponding Water: Reserved**

\_\_\_\_\_ **6. Overflow scuppers (wall outlets):** It is required that rainwater flow off so that the roof is not overloaded from a buildup 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 requirements of Chapter 15 and 16 herein and the *Florida Building Code, Plumbing*.

\_\_\_\_\_ **7. Ventilation: Reserved**

**ATTENTION CUSTOMER /CONTRACTOR**

**FBC 1521.13.** Prior to starting the work, the contractor has the responsibility of notifying the owner of any possibility of ponding water and recommending a structural review if ponding water is a possibility.

Property Address: \_\_\_\_\_

Miramar, FL \_\_\_\_\_

\_\_\_\_\_  
*Owner's/Agent's Signature*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Contractor's Signature*



## Miramar | Building Division

Building, Planning & Zoning Department  
2200 Civic Center Place | Miramar, Florida 33025  
Tel: 954.602.3200 | Fax: 954.602.3635  
[www.miramarfl.gov](http://www.miramarfl.gov)

### NOTICE OF COMMENCEMENT

In accordance with Section [713.135](#) of the Florida Statutes, a Notice of Commencement is required for the construction of, improvements to, alteration of or repair of real property. The Notice of Commencement must be recorded with Broward County Records, Taxes and Treasury Division.

- If the **direct contract is greater than \$5,000**, the applicant shall file with the issuing authority prior to the first inspection either a certified copy of the recorded notice of commencement or a notarized statement that the notice of commencement has been filed for recording, along with a copy thereof.
- If the direct contract for repair or replace an existing heating or air conditioning exceeds **the amount of \$15,000**, a certified copy of the recorded notice of commencement is required.
- In the absence of the filing of a certified copy of the recorded notice of commencement, **the issuing authority or a private provider performing inspection services may not perform or approve subsequent inspections** until the applicant files by mail, facsimile, hand delivery, or any other means such certified copy with the issuing authority.
- The certified copy of the notice of commencement must contain the name and address of the owner, the name and address of the contractor, and the location or address of the property being improved.
- The issuing authority shall verify that the name and address of the owner, the name of the contractor, and the location or address of the property being improved which is contained in the certified copy of the notice of commencement is consistent with the information in the building permit application.
- The recorded Notice of commencement must be available at the first inspection.

**ATTENTION APPLICANT:** THE BUILDING OFFICIAL MAY REQUIRE AN ESTIMATE OF THE COST UTILIZING RSMEANS AND/OR OTHER DESCRIPTIVE DATA AS A BASIS FOR DETERMINING THE PERMIT FEE. THE APPLICANT FOR A PERMIT SHALL PROVIDE AN ESTIMATED PERMIT VALUE AT A TIME OF APPLICATION. PERMIT VALUATIONS, SHALL INCLUDE TOTAL VALUE OF WORK, INCLUDING MATERIALS AND LABOR. IF IN THE OPINION OF THE BUILDING OFFICIAL, THE VALUATION IS UNDERESTIMATED ON THE APPLICATION, THE PERMIT SHALL BE DENIED, UNLESS THE APPLICANT CAN SHOW DETAILED ESTIMATES TO MEET THE APPROVAL OF THE BUILDING OFFICIAL. FINAL BUILDING PERMIT VALUATION SHALL BE SET BY THE BUILDING OFFICIAL.

### Recording a Notice of Commencement

- Complete the Notice of Commencement Form (See attached form).
- Recording the Notice of commencement at the. Broward County Records, Taxes and Treasury Division. Broward County Governmental Center Room 114. 115 S. Andrews Ave. Fort Lauderdale, FL 33301.

For more information, please visit [Broward.org/RecordsTaxesTreasury](http://Broward.org/RecordsTaxesTreasury), call 954-831-4000, or by email [records@broward.org](mailto:records@broward.org)

PERMIT NUMBER:

**NOTICE OF COMMENCEMENT**

The undersigned hereby given notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes the following information is provided in the Notice of Commencement.

1. **DESCRIPTION OF PROPERTY** (Legal description & street address, if available) **TAX FOLIO NO.:** \_\_\_\_\_

**SUBDIVISION** \_\_\_\_\_ **BLOCK** \_\_\_\_\_ **TRACT** \_\_\_\_\_ **LOT** \_\_\_\_\_ **BLDG** \_\_\_\_\_ **UNIT** \_\_\_\_\_

2. **GENERAL DESCRIPTION OF IMPROVEMENT:**

3. **OWNER INFORMATION:** a. Name \_\_\_\_\_

b. Address \_\_\_\_\_ c. Interest in property \_\_\_\_\_

d. Name and address of fee simple titleholder (if other than Owner) \_\_\_\_\_

4. **CONTRACTOR'S NAME, ADDRESS AND PHONE NUMBER:**

5. **SURETY'S NAME, ADDRESS AND PHONE NUMBER AND BOND AMOUNT:**

6. **LENDER'S NAME, ADDRESS AND PHONE NUMBER:**

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, ADDRESS AND PHONE NUMBER:**

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

**NAME, ADDRESS AND PHONE NUMBER:**

9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified): \_\_\_\_\_, 20\_\_\_\_

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

\_\_\_\_\_  
**Signature of Owner or  
Owner's Authorized Officer/Director/Partner/Manager**

\_\_\_\_\_  
**Print Name and Provide Signatory's Title/Office**

State of Florida  
County of Broward

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_, as \_\_\_\_\_  
(name of person) (type of authority,...e.g. officer, trustee, attorney in fact)

For \_\_\_\_\_  
(name of party on behalf of whom instrument was executed)

Personally known or  produced the following type of identification: \_\_\_\_\_

Notary

\_\_\_\_\_  
(Signature of Notary Public)

Under Penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief (Section 92.525, Florida Statutes).

**Signature(s) of Owner(s) or Owner(s)' Authorized Officer/ Director / Partner/Manager who signed above:**

By \_\_\_\_\_ By \_\_\_\_\_