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INSPECTION, STUDIES, DESIGN & TESTING SERVICES  
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### HURRICANE MITIGATION RETROFIT WORK ORDER FORM

Your Job #: Permit #: Project Name:	CeBB, Corp. Client:
Jobsite Address:	Contact person:
City:	Phone: Fax:
Building Use (check one): <input type="radio"/> RESIDENTIAL	Billing Address:
Proposed Roof System: <input type="radio"/> RE-ROOF	<input type="radio"/> Mean Roof Height: _____ <input type="radio"/> One Story: _____ <input type="radio"/> Two Story: _____ <input type="radio"/> Multiple Stories: _____

#### DESIRED SERVICE(S):

Please check one or more of the following services

- INITIAL ROOF TO WALL CONNECTION
- ROOF DECKING ATTACHMENT
- SECONDARY WATER BARRIER INSTALLATION:
  - roof sheathing joints covered with 4”/6” self adhering polymer bitumen tape
  - self adhering modified bitumen
  - 90# hot mopped cap sheet
- REQUIRED UPLIFT CAPACITY/CONNECTOR CALCULATION
- ROOF TO WALL CONNECTION CERTIFICATION
- OTHER (GENERAL CONTRACTING WORK)

**PLEASE PROVIDE US WITH A DETAILED SKETCH SHOWING ALL SPANS AND INDICATE GABLES AND HIP LOCATIONS**