

Building Division

6591 ORANGE DRIVE • DAVIE, FLORIDA 33314-3399
PHONE: 954.797.1111 • FAX: 954.797.1086 • WWW.DAVIE-FL.GOV

RENAILING AFFIDAVIT

Permit Number: _____

Job Address: _____

I, _____,

(Print name clearly)

(Certificate of Competency Number)

_____, do hereby affirm;

(State Certification/Registration Number)

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 re-nailing of the sheathing meets the requirements of the 2010 Edition of the Florida Building Code, Section 1521.5.

Re-nailing: A letter submitted by the qualifier in the form of a notarized affidavit, including license number, shall be submitted to the Building Official, attesting to the fact that the nailing of the sheathing has been brought up to the standards of this Code.

When existing roofs are re-roofed to the point that the existing roofing is removed down to the sheathing, the existing roof sheathing shall be re-nailed with 8d common nails (0.131 diameter by 2 ½ long with a 0.281 diameter full around head). Nail spacing shall be six inches on center at panel edges, six inches on center at intermediate supports and where applicable four inches on center over gable ends and sub-facia. Existing fasteners may be utilized to achieve such minimum spacing.

Qualifier/Contractor Signature

Date

Print Name

(Name of Qualifier/Contractor)_____, having first been duly sworn, does affirm the statement above to be true and correct by his own personal knowledge.

Notary: _____ Date _____

(Seal/stamp)

____ personally knows

____ Produced photo identification (type: _____)