

SHEATHING AFFIDAVIT

Permit No.: _____

Job Address: _____

Contractor/Roofing Company Name: _____

Qualifier Name: _____ License No.: _____

Contractor Address: _____

I, _____, do hereby affirm:
(Print Name of Qualifier)

That I will personally inspect and be responsible for the re-nailing of the existing roof sheathing as required by **Florida Building Code (FBC, 6th Edition-2017) Section 2322.2.8** 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 current edition of the Florida Building Code sections 2322.2.

FBC [Section 2322.2.2](#) Board roof sheathing shall have a net thickness of not less than 3/4 inch when the span is not more than 28 inches or 5/8 inch when the span is not more than 24 inches, shall have staggered joints and shall be nailed with 8d common nails not less than two in each 6 inch board nor three in each 8 inch board at each support.

FBC Section 2322.2.8 when existing roofs are re-roofed to the point that the existing roofing is removed down to the plywood sheathing, the existing roof sheathing shall be re-nailed with 8d common nails (0.131 diameter by 2-1/2" long with a 0.281 diameter full round head). Power driven 8d nail shall be of the same dimensions. Nail spacing shall be six inches on center at panel edges, six inches on center at intermediate supports, and where applicable 10d nails four inches on center over gable ends and sub-fascia. Existing fasteners may be utilized to achieve such minimum spacing.

(Qualifier/Contractor Signature)

(Date)

_____, having first been duly sworn, does
(Print Name of Qualifier/Contractor)

affirm the statement above to be true and correct by his/her own personal knowledge.

(Notary Signature)

(Date)

___ Personally Known to me ___ Produced photo Identification- Type of Identification_____

*An owner/builder acting as contractor is considered the qualifier for this code.

SHEATHING NAILING AFFIDAVIT

DATE: _____ ROOFING PERMIT NUMBER: _____

JOB ADDRESS: _____

PROPERTY OWNER: _____

CONTRACTOR: _____

QUALIFYER: _____

LICENSE NUMBER: _____

MAILING ADDRESS: _____

I, _____, certify that the roof sheathing of the referenced property and roofing permit was re-nailed as per and to comply with the Florida Building Code requirements.

Qualifier Signature

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

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

(SEAL)

_____ Personally Known or Produced Identification _____