

## SHEATHING AFFIDAVIT

Permit No.: \_\_\_\_\_

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

Contractor/Roofing Company Name: \_\_\_\_\_

Qualifier's Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

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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, 7<sup>th</sup> Edition - 2020)** 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 section [2322.2](#).

FBC Section 2322.2.2 Board roof sheathing shall have a net thickness of not less than 3/4 inch (19 mm) when the span is not more than 28 inches (711 mm) or 5/8 inch (17 mm) when the span is not more than 24 inches (610 mm), shall have staggered joints and shall be nailed with 8d common nails not less than two in each 6-inch (152 mm) board nor three in each 8-inch (203 mm) board at each support.

FBC Section 2322.2.8 When existing roofs are reroofed to the point that the existing roofing is removed down to the sheathing, the existing roof sheathing shall be renailed with 8d common nails [0.131-inch (3.3 mm) diameter by 2 1/2 inches (63.5 mm) long with 0.281-inch (7.9 mm) diameter full round head]. Nail spacing shall be 6-inches (152 mm) on center at panel edges, 6-inches (152 mm) on center at intermediate supports and, where applicable, 4-inches (102 mm) on center over gable ends and subfascia. Existing fasteners may be used to achieve such minimum spacing.

\_\_\_\_\_  
(Qualifier/Contractor's 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's 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: \_\_\_\_\_

QUALIFIER: \_\_\_\_\_

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's Signature

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

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

(SEAL)

Personally known or  Produced Identification \_\_\_\_\_