



TOWN OF PEMBROKE PARK

3150 SW 52 AVE

PEMBROKE PARK, FL 33023

954-966-4600 Ext 211/227 • 954-966-5310 (FAX)

Re-Roofing Affidavit

To address Rood Re-Nailing, Diaphragm Evaluation, Secondary Water Barrier

Existing Site-Built Single Family Residential Structures Only

(Required onsite at time of inspections)

I _____ the Contractor/Qualifier/Owner/Builder do affirm and certify the roofing diaphragm for the roofing system installed under permit/process number _____ and located at _____ was evaluated under my supervision; and the roof diaphragm was found to be in compliance with Section 2322.2.8 of the Florida Building Code Sixth Edition (2017), Residential & Chapter 7 of the Florida Building Code Sixth Edition (2017) Existing Building, or remediation work was performed as outlined below to bring the roof diaphragm to code-compliance:

Roof Diaphragm Evaluation: As required by the Florida Building Code Sixth Edition (2017) Existing Building Section E707.1, E706, FBC 1512-1525 when the roof diaphragm was evaluated for insufficient or deteriorated connections (straps) were any changed or added? Yes No (If yes, provide the completed Hurricane Mitigation Affidavit) N/A (E706.8)

Where any of the roof diaphragm (sheathing) in need of replacement? Yes Approx. Sq. ft. _____ No

What type of material was used to replace the deficient roof diaphragms (sheathing)? _____

As required by Florida Building Code Sixth Edition (2017) Section E706.7.1, FBC 1524.1

Has the roof sheathing been fastened to code? _____ Type of fastener? _____

Has the embedment of the diaphragm fasteners been verified? _____

Has the re-nailing in compliance with FBC 2322.8 ? _____

Roof Secondary Water Barrier:

A secondary water barrier shall be installed using on the methods as specified in **Section E7.6.7.2 of the Florida Building Code Existing Buildings Sixth Edition (2017)**, when roof covering in removed and replaced.

What type of Secondary Water Barrier is installed? _____

By his/her signature below, the Contractor/Qualifier does affirm and certify that the previously provided applicable information for the roofing system installed under permit number _____ and located at _____

_____ this work was done under his/her supervision.

Qualifier's Name (Print)

Qualifier's Signature

License #

Date

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledge before me on this _____ (date)

By _____ who is personally known to me or has produced _____
(Name of Person Acknowledging) (Type of ID)

(Signature and Seal of person taking Acknowledgement)