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 Roof 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 changes 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)