



Village of Estero Building and Permitting Services

9401 Corkscrew Palms Circle

Estero, FL 33928

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Re-Roofing Affidavit

To address Roof Renailing, Diaphragm Evaluation, and Secondary Water Barrier Existing Site-Built Single-Family Residential Structures Only (Built prior to March 1, 2002)

AS OF MARCH 1, 2019, ROOF RENAILING AFFIDAVITS WILL ONLY BE ACCEPTED BY EMAIL. PLEASE DO NOT INCLUDE IN PERMIT PACK. ROOF RENAILING INSPECTION WILL BE SCHEDULED BY VILLAGE STAFF.

INCOMPLETE AND/OR INCORRECT AFFIDAVITS WILL FAIL THE RE-ROOFING AFFIDAVIT INSPECTION

I, _____, the Contractor/Qualifier/Owner-Builder do affirm and certify the roofing diaphragm for the roofing system installed under

permit number _____ located at _____

_____ was evaluated under my supervision. The roof diaphragm was found to be in compliance with Section R908.7.1 of the Florida Building Code Eighth Edition (2023) Residential, and Chapter 7 of the Florida Building Code Eighth Edition (2023) Existing Building, or remediation work was performed as outlined below to bring the roof diaphragm to code compliance.

Roof Diaphragm Evaluation

As required by Florida Building Code Eighth Edition (2023), Existing Building, Section 707.3.2

When the roof diaphragm was evaluated for insufficient or deteriorated connections (straps) were any changed or added? Yes No

Were any of the roof diaphragms (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 Eighth Edition (2023), Residential, Section R803.2.3.1, Sheathing Fastenings

Has the roof sheathing been fastened to code?

Yes Type of fastener? _____ No

Has the embedment of the diaphragm fasteners been verified? Yes No

Roof Secondary Water Barrier

A secondary water barrier shall be installed using one of the methods as specified in Section 706.7.2 of the Florida Building Code, Existing Buildings, Eighth Edition (2023), when roof covering is 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 above information is true and correct and that the work was done under his/her supervision.

Qualifier's Name (Print)

Qualifier's Signature

License No. _____

Date _____

STATE OF FLORIDA COUNTY OF LEE

The foregoing instrument was acknowledged before me on _____
[Date]

By _____ who is
[Name of Qualifier]

personally known to me or has produced _____
[Type of Identification]

Signature and Seal of person taking Acknowledgement