



**BUILDING DEPARTMENT**

**Re-Roofing Affidavit**

**To address Roof Re-nailing, Diaphragm Evaluation, and 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 number \_\_\_\_\_ and located at \_\_\_\_\_ was evaluated under my supervision; and the roof diaphragm was found to be in compliance with Section R907.7.1 of the Florida Building Code Fifth Edition (2014), Residential and Chapter 7 of the Florida Building Code Fifth Edition (2014), 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 Fifth Edition (2014), Existing Building Section 706.3.2**

When the roof diaphragm was evaluated for insufficient or deteriorated connections (straps) were any changed or added? \_\_\_\_\_ (If Yes, provide completed Hurricane Mitigation affidavit)

Were any of the roof diaphragms (sheathing) in need of replacement? \_\_\_\_\_ Approx. Sq. Ft. \_\_\_\_\_

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

**As required by Florida Building Code Fifth Edition (2014), Residential, Section R803.2.3.1 Sheathing Fastenings.**

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

Has the embedment of the diaphragm fasteners been verified? \_\_\_\_\_

**Roof Secondary Water Barrier**

A secondary water barrier shall be installed using one of the methods as specified in Section 708.7.2 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 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 LEE**

**The foregoing instrument was acknowledged before me this \_\_\_\_\_  
(Date)**

**By \_\_\_\_\_ who is personally known to me  
(Name of Person Acknowledging)**

**Or has produced \_\_\_\_\_  
(Type of ID)**

\_\_\_\_\_  
(Signature and Seal of person taking Acknowledgement)