

## 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 R908.7.1 of the Florida Building Code Sixth Edition (2017), Residential and 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**

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

Were any of the roof diaphragms (sheathing) in need of replacement? \_\_\_Yes/\_\_\_ No Approx. Sq. Ft. \_\_\_\_\_

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

**As required by Florida Building Code Sixth Edition (2017) Existing Building, Section R706.7.1 Roof Deck Attachment.**

Has the roof sheathing been fastened to code? \_\_\_Yes/\_\_\_No What type of fastener? \_\_\_\_\_

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 Sixth Edition (2017) Existing Building**, 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 Number

\_\_\_\_\_  
Date

**NOTARY**

**STATE OF FLORIDA  
COUNTY OF COLLIER**

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

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

or has produced \_\_\_\_\_  
(Type of ID)

\_\_\_\_\_  
(Notary Signature and Seal)