Nailing/Sheathing Affidavit and Photo Requirements

RE-ROOF ONLY

Permit: _____ **Date:** _____

Job Address: _____

Decking/Sheathing Type and Size: _____
Did any of the roof sheathing need replacement? _____ Approx. square footage: _____
What type of material was used to replace the deficient roof sheathing? _____
Has the roof sheathing been fastened to Code? _____ Type of fastener: _____
What is the fastener spacing? Field: _____ Perimeter: _____
Has the embedment of the sheathing fasteners been verified? FBC706.7.1 _____
Has the secondary water barrier been verified? FBC706.7.2 _____
Has roof to wall connection been verified? FBC706.8 _____

Drip edge materials, size, gauge, fastener type & spacing: _____

Valley material type: _____

Other installed flashing material, size, gauge, fastener type & spacing: _____

Ridge vent material, fastener type, spacing: _____

Roof Covering Product Approval Number _____

Roof Underlayment Product Approval Number _____

Note: **Color photographs** must include the permit number and a ruler or measuring device to confirm nail spacing including drip edge and valley flashing.
Multiple clear, legible photographs of each plane of the roof, valley and ridge. All photographs shall be taken through **VuSpex Go App** and uploaded to **Accela** completed for the first inspection.

VuSpex Go App download on Google Play or Apple Store

https://apps.apple.com/us/app/vuspex-go/id1556156809

https://play.google.com/store/apps/details?id=com.vuspexGO

https://www.mymanatee.org/services-and-amenities/service-listing/service-details/virtual-inspections

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I _____, as a Florida General, Building, Residential, or Roofing Contractor, Engineer, Architect, or F.S. Chapter 468 Building Inspector, I hereby affirm, that all of the foregoing information is true and accurate and that the sheathing/nailing, at the above referenced address/lot have been installed in accordance with the attached scope of work, complying with all applicable codes and standards. Based upon my examination I have determined the installation was done in conformance with Chapter 7, the current Florida Building Code, Existing, Section 706 and the appropriate Product Approval Installation Guide under Rule 9N-3.

License #: _____

Company/Contractor: _____

Contractor's Signature: _____ Date: _____

(Must be signed by license holder, no POA will be accepted)
(Homeowners cannot sign this form)

This signed and notarized affidavit must be provided at the job site at the time of roofing inspections along with color photographs of each plane of the roof with the permit number or address number clearly marked on the deck for each inspection. The photographs must include a ruler or measuring device to confirm nail spacing including drip edge and valley flashing.

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization,

This _____ day of _____, 20 ___, by _____ who is personally known to me _____ or has produced _____ as identification.

(SEAL)

_____
Notary Public

_____
Printed Name

_____
My Commission Expires