

CONTRACTOR AFFIDAVIT FOR THE RE-ROOFING OF EXISTING SITE-BUILT SINGLE FAMILY RESIDENTIAL STRUCTURES - FORM 001 (Cannot be used by owner builder applicants)

NOTE: Comprehensive photographic evidence demonstrating code compliance shall accompany this affidavit.

I _____ the Contractor/Qualifier do affirm and certify that the roofing system installed under permit number _____ and located at _____

_____ was installed under my supervision; and the roofing system is in compliance with Chapter 9 of the 10 Florida Building Code Residential, Chapter 6, Section 611 of the Florida Building Code, Existing Building, and the appropriate Product Approval under Rule 9N-3. The roofing system as installed is described in the following sections:

Roof Permit Type

(Check/Complete all that apply)

- Replacement Roofing Recovering Repair/Maintenance

Roofing Category Scope of Roofing Work

(Check/Complete all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Asphalt Shingles | <input type="checkbox"/> Flat Roof (membrane, built-up, etc.) |
| <input type="checkbox"/> Mechanically Fastened Tile | <input type="checkbox"/> Mortar/Adhesive Set Tile |
| <input type="checkbox"/> Metal Panels/Shingles | <input type="checkbox"/> Wood Shingles/Shakes |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Flat Roof Area ($\leq 2"/12"$): _____ s.f. Low Slope Roof Area ($> 2"$ to $4"/12"$): _____ s.f.
Steep Slope Roof Area ($\geq 4"/12"$): _____ s.f. Total Roof Area Under This Permit: _____ s.f.

Roof Diaphragm Evaluation

Florida Building Code Existing Building 2017, Section 606.3.2 Roof diaphragm (Roof Sheathing): Where roofing materials are removed from more than 50 percent of the roof diaphragm of a building or section of a building,.... roof diaphragms and connections that are part of the main wind-force resisting system shall be evaluated for the wind loads specified in the *Florida Building Code, Building*, including wind uplift. If the diaphragms and connections in their current condition do not comply with those wind provisions, they shall be replaced or strengthened in accordance with the loads specified in the *Florida Building Code, Building*.

FBC,E 611.7.1-Roof decking attachment for site-built single-family residential structures.

Wood structural panel sheathing shall be fastened to roof framing with 8d ring-shank nails at 6 inches on center at edges and 6 inches on center at intermediate framing.

Was the roof diaphragm evaluated for insufficient or deteriorated connections? _____

Were any of the roof diaphragms in need of replacement? _____ Approx. square footage: _____

What type of material was used to replace the deficient roof diaphragms? _____
(CDX,FRP,OBS ETC.)

Has the roof sheathing been fastened to Code? _____ Type of fastener: _____

Has the embedment of the diaphragm fasteners been verified? _____

CONTRACTOR AFFIDAVIT FOR THE RE-ROOFING OF EXISTING SITE-BUILT SINGLE FAMILY RESIDENTIAL STRUCTURES - FORM 001 (Cont.)

Steep Slope Roof Information (≥4" in 12")

Roof Slope: _____ inches in 12 inches Product Approval #: _____

Manufacturer: _____ Spec #: _____ Deck Type: _____

Roof Covering: _____ Roof Covering Style: _____
(IE: Concrete Tile, Asph. Shingles, etc) (IE: Flat, Spanish S, Three Tab, etc)

Roof Covering Attachment Method: _____
(Ex: Foam, Nail & Clip, Fastener type and number per tile, shingle, etc (diameter and length))

Indicate type of secondary water barrier method: _____

Underlayment Type: & head lap in inches: _____

Fastener Spacing for Base Sheet/Underlayment Attachment:

Field : _____ inches on center at laps & _____ rows at _____ inches on center

Perimeter : _____ inches on center at laps & _____ rows at _____ inches on center

Corners : _____ inches on center at laps & _____ rows at _____ inches on center

Drip Edge (Mat'l, Size, Ga. & Fastener Type and Spacing): _____

Valleys (Mat'l, Size, Ga. & Fastener Type and Spacing): _____

Other Flashing (Mat'l, Size, Ga. & Fastener Type and Spacing): _____

Hip and Ridge, Support and Tile Attachments: _____

Installed Tile Head Lap in inches: _____

Ridge Vents (Mat'l & Fastener Type and Spacing): _____

Low Slope Roof Information (>2" to 4" in 12")

Roof Slope: _____ inches in 12 inches Product Approval #: _____

Manufacturer: _____ Spec #: _____ Deck Type: _____

Roof Covering: _____ Roof Covering Style: _____
(IE: Concrete Tile, Asph. Shingles, etc) (IE: Flat, Spanish S, Three Tab, etc)

Roof Covering Attachment Method: _____
(Ex: Foam, Nail & Clip, Fastener type and number per tile, shingle, etc (diameter and length))

Indicate type of secondary water barrier method: _____

Underlayment Type: & head lap in inches: _____

Fastener Spacing for Base Sheet/Underlayment Attachment:

Field : _____ inches on center at laps & _____ rows at _____ inches on center

Perimeter : _____ inches on center at laps & _____ rows at _____ inches on center

Corners : _____ inches on center at laps & _____ rows at _____ inches on center

Drip Edge (Mat'l, Size, Ga. & Fastener Type and Spacing): _____

Valleys (Mat'l, Size, Ga. & Fastener Type and Spacing): _____

Other Flashing (Mat'l, Size, Ga. & Fastener Type and Spacing): _____

Hip and Ridge, Support and Tile Attachments: _____

Installed Tile Head Lap in inches: _____

Ridge Vents (Mat'l & Fastener Type and Spacing): _____

CONTRACTOR AFFIDAVIT FOR THE RE-ROOFING OF EXISTING SITE-BUILT SINGLE FAMILY RESIDENTIAL STRUCTURES - FORM 001 (Cont.)

Flat Roof Information (≤ 2" in 12")

Roof Slope: _____ inches in 12 inches Product Approval #: _____

Manufacturer: _____ Spec #: _____ Deck Type: _____

Indicate type of secondary water barrier method: _____

Base Sheet & Type: _____

Base Sheet Fasteners / Bonding Material: _____

Ply Sheet Number and Type: _____

Ply Sheet Fasteners/ Bonding Material: _____

Top Ply: _____

Top Ply Attachment / Bonding Material: _____

Drip Edge, Material, Size , Gauge and Fastener Type: _____

Other Flashing, Material, Size , Gauge and Fastener Type: _____

Fastener Spacing for Base Sheet Attachment

Field : _____ inches on center at laps & _____ rows at _____ inches on center

Perimeter : _____ inches on center at laps & _____ rows at _____ inches on center

Corners : _____ inches on center at laps & _____ rows at _____ inches on center

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 _____ is true and correct, and that this work was done under his/her supervision.

Qualifier's Name (Please Print)

Qualifiers Signature

License #:

Date:

**STATE OF FLORIDA
COUNTY OF PALM BEACH**

The foregoing instrument was acknowledged before me this _____
(Date)

By _____
(Name of Person Acknowledging)

Who is personally known to me _____ or has produced _____
(Type of ID.)

as identification and who did/did not take an oath.

(Signature of Person Taking Acknowledgement)

(Name of Officer Taking Acknowledgement Typed, Printed, or Stamped)

(Title or Rank)

(Serial Number, if Any)

Contractor Affidavit For Mandated Retrofits - Form 004 Per Section 611.8 Florida Building Code, Existing Building

611.8.1 Roof-to-wall connections for site-built single family residential structures. Where required by Section 611.8, the intersection of roof framing with the wall below shall provide sufficient resistance to meet the uplift loads specified in Table 611.8.1 either because of existing conditions or through retrofit measures. As an alternative to an engineered design, the prescriptive retrofit solutions provided in Sections 611.8.1.1 through 611.8.1.7 shall be accepted as meeting the mandated roof-to-wall retrofit requirements.

I, _____ the Contractor/Qualifier do affirm and certify that the Mandated Retrofits

installed under permit number _____ and located at _____

_____ were installed under my supervision; and that the Retrofits are installed in compliance with Section 611.8 of the Florida Building Code (Existing Building). The retrofits are installed is described in the following sections:

_____ Number of photos provided with this affidavit.

Existing anchors were found to have _____ fasteners; _____ additional fasteners were
(# of) (number, size & type)

installed to make a total of _____. Additional anchors _____ were installed
(# of) (Manufacture and Model number)

using _____ fasteners _____
(# of) (size & type)

Other method of retrofit used (Describe in detail) _____

**Contractor Affidavit For Mandated Retrofits - Form 004 (Cont.)
Per Section 611.8 Florida Building Code, Existing Building**

By his/her signature below, the Contractor/Qualifier does affirm and certify that the previously provided applicable information for the retrofit system installed under permit number _____

located at _____

is true and correct, and that this work was done under his/her supervision.

Qualifier's Name (Please Print)

Qualifiers Signature

License #: _____

Date: _____

**STATE OF FLORIDA
COUNTY OF PALM BEACH**

The foregoing instrument was acknowledged before me this _____
(Date)

By

(Name of Person Acknowledging)

Who is personally known to me ____ or has

produced _____ (Type of ID.)

as identification and who did/did not take an oath.

(Signature of Person Taking Acknowledgement)

(Name of Officer Taking Acknowledgement Typed, Printed,
or Stamped)

(Title or Rank)

(Serial Number, if Any)

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