



City of Port St. Lucie Building Department
 121 SW Port St. Lucie Blvd
 Port St. Lucie, FL 34984
 772-871-5132 • Web Site: <http://www.cityofpsl.com>
 To Schedule Inspections <http://pandapublicweb.cityofpsl.com>

**Supplemental Fasteners
 Inspection Affidavit**

Supplemental Fasteners Inspection Affidavit

PERMIT # _____ CONFIRMATION # _____

I, _____, Licensed as a(n):
 (print name and check license type)

General Contractor Building Contractor Residential Contractor
 Roofing Contractor Structural Engineer Architect
 Certified Bldg Inspector under F.S. 468
 Property Owner as per F.S. 489.103

License # _____, did personally inspect the **Roof Deck Nailing Only** work on _____ of property
 (date)
 located at _____, Port St. Lucie, FL
 (Job Site Address)

- All re-roofs regardless of value shall comply with the following:
- Re-nailing: All sheathing and decking shall be re-nailed per section 201.1 of the *Hurricane Mitigation Retrofit Manual* and a secondary water barrier installed.
- Existing fasteners that are 8d clipped head, round head or ring shank and spaced 6 in. or less o.c. may be counted. Additional fasteners shall be 8d ring shank nails with round heads spaced at 6 in. o.c. along framing.

*** Must schedule DRIN Inspection with Bldg Department ***

Based upon this examination, I have determined that the installation was done according to the Hurricane Mitigation Retrofit Manual (based on F.S. 553.844)

Signature _____ Seal and Date _____

Print Name _____

Notary Signature _____

Sworn before me on this _____ day of _____, 20____
 Personally known _____ Produced ID _____ Type of ID _____
 State of Florida County of: _____