



TOWN OF SURFSIDE

9293 Harding Avenue

Surfside, FL 33154

Phone: (305) 861-4863

Fax: (305) 861-1302

JOB ADDRESS: _____ PERMIT# _____

Complete the re-nailing affidavit and provide two copies signed and sealed prior to the first inspection (tin tabs).

Re-Nailing Affidavit

I am a Florida Prof. Engineer, Reg. Architect, Licensed General Contractor,
 Building Contractor, Residential Contractor, Roofing Contractor or
 Person certified in the structural discipline under FS 468. License# _____

I hereby certify that the existing or supplemental fasteners have satisfied the requirements of F.S. 553.884 Section 201.1 (8d round head ring shank @ 6" o.c. max) and section 4409.9.2 of the FBC Residential.

Certifier Signature

Date

Sworn to and subscribed before me this _____ day of _____, 2008,
by _____, produced as ID _____.
(Personally known)

Notary Public, State of Florida