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