



PLANNING & BUILDING SERVICES DIVISION

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EXTERIOR ROOF & WALL SHEATHING CERTIFICATION FORM*

*This form needs to be signed by the contractor doing the work and given to the building inspector at the time of the narrow wall inspection.

Contractor Company Name and Address:

Building Permit Number: _____

Job Address: _____

High Wind Area Requirements:

Roof fasteners spacing used on wood structural panel roof sheathing in **high wind areas** (110 mph or greater):

- Yes ___ No ___ 8d deformed (2 1/2" x 0.120") nails shall be used for attaching wood structural panel roof sheathing to framing within minimum 48-inch distance from gable end walls.
- Yes ___ No ___ Nails for attaching panel roof sheathing to intermediate support shall be spaced maximum of 6 inches on center for minimum 48-inch distance from ridges, eaves, and gable end wall; and (8d deformed) nails maximum of 4 inches on center to gable end wall framing.

All exterior walls sheathed with 7/16" wood structural panels and comply as listed below:

- Yes ___ No ___ Panels attached 8d common nails at maximum of 6" o.c. at panel edges and 12" o.c. in the field for regions having basic wind speed of 110 mph.
- Yes ___ No ___ Engineered Shear Panels attached with nails and spacing as specified on engineer's plan.
- Yes ___ No ___ Exterior sheathing is continuous from the bottom plate to the upper top plate.
- Yes ___ No ___ All exterior sheathing panel edges occurring over framing members.
- Yes ___ No ___ Approved narrow wall (16" to 24") bracing used, such as (APA) Portal Frame

Roof sheathing used in solid wood sheathing complying with selected item below:

- Yes ___ No ___ 7/16" thick in area with 40 psf ground snow load
- Yes ___ No ___ 15/32" thick in area with 50 psf ground snow load
- Yes ___ No ___ 19/32" thick in area with 70 psf ground snow load

Certification:

I hereby certify the information above is accurate and conforms to the International Residential Code requirements in Larimer County:

Print Name of Contractor: _____

Signature of Contractor: _____

Date: _____