

Village of Tequesta Building Department

WINDOW & DOOR REPLACEMENT INSTALLATION AFFIDAVIT

This affidavit applies only to licensed contractors or owners qualified for exemption under Florida Statute 489.103 (7)

CONTRACTOR NAME: _____

ADDRESS: _____ LICENSE # _____

OWNER/S NAME _____

JOB ADDRESS _____

PERMIT NUMBER: **B** _____

CERTIFICATION SELECTION: *(Please check all that apply)*

- Certification of Window Installation
- Certification of Door Installation
- Other _____ (glass block, etc)

I, _____, a Florida licensed contractor do hereby certify that all work as indicated above has been performed and installed at the above address in accordance with the Florida Building Code, Existing Building, as amended, and Manufacturer's Installation Instructions/NOA/Product Approvals submitted.

Signature of Qualifier Date

STATE OF FLORIDA, COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____ (date) by _____,

Who is personally known to me or who has produced _____ (type of identification) as

Identification and who did (did not) take an oath.

Signature of person taking acknowledgement _____ (SEAL)

Name of officer taking acknowledgement--typed, printed or stamped _____

Title or rank _____ Serial number _____

Final Inspections may be requested by calling the inspection clerk 24 hrs in advance at (561) 768-0450