

**Village of Tequesta Building Department**

**AIR CONDITIONER 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: \_\_\_\_\_

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

- Certification of Condenser Unit Replacement Installation
- Certification of Air Handler Unit Replacement Installation
- Certification of Package Unit Replacement Installation

I, \_\_\_\_\_, a licensed Florida contractor, do hereby certify all work as indicated above shall be performed and installed at the above listed address pursuant provisions of the currently adopted edition of the Florida Building Codes *Existing, Mechanical, and Energy*, and the Manufacturer’s Installation Instructions.

\_\_\_\_\_  
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 shall be requested by calling the inspection clerk 24 hrs in advance at (561) 768-0450*

**345 Tequesta Drive, Tequesta, Florida 33469-0273 - Phone: (561-768-0450 – FAX: (561-768-0698**