

WINDOW & DOOR REPLACEMENT - AFFIDAVIT FOR WATER RESISTANT BARRIER FOR FRAMED WALLS (MUST BE ONSITE FOR INSPECTION)

PERMIT # :	<u> </u>
JOB ADDRESS:	
LOT / SUBDIVISION:	
COMPANY:	
I,Please print name	, Contractor for the permit listed above,
license number	, did personally inspect the installation of
.,	ed water-resistant barrier(s) and mull bars or any he work is in compliance with the current Florida ne and Florida Product Approvals.
	Contractor Signature and Date
STATE OF FLORIDA) COUNTY OF)	
•	means of [] physical presence or [] online
·	person acknowledging), who is [] personally known
	Signature of Notary Public (Seal)