

Building Division

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

PERMIT # :	
JOB ADDRESS:	
LOT / SUBDIVISION:	
COMPANY:	
Please print name	, Contractor for the permit listed above,
license number	, did personally inspect the installation of
the window(s) and/or door(s), the required w	ater-resistant barrier(s) and mull bars or any
concealed required fasteners. I certify the w	ork is in compliance with the current Florida
Building Code – Existing Building Volume and Florida Product Approvals.	
	Contractor Signature and Date
STATE OF FLORIDA)	
COUNTY OF)	
Sworn to and subscribed before me by mear	ns of [] physical presence or [] online
notarization, this day of	, 20, by
(name of person acknowledging), who is [] personally known	
to me; or [] has produced	as identification.

Signature of Notary Public (Seal)