



**TOWN OF SOUTH PALM BEACH**  
3577 SOUTH OCEAN BLVD. SOUTH PALM BEACH, FL 33480  
561.588.8889 FAX. 561.588.6632

**INSTALLATION AFFIDAVIT - WINDOW & DOOR (replacement)**

To: Town of South Palm Beach  
Building Department  
3577 South Ocean Blvd.  
South Palm Beach, Florida 33480

Re: Permit No. \_\_\_\_\_

From: \_\_\_\_\_ (Contractor)  
\_\_\_\_\_ (Contractor's Address)  
\_\_\_\_\_ (Owner's Name)  
\_\_\_\_\_ (Property Address)

Certification Selection: *(Please check all that apply)*

- Certification of Window Installation
- Certification of Door Installation
- Other \_\_\_\_\_ (glass, block, etc.)

I, \_\_\_\_\_, am a licensed contractor (License No. \_\_\_\_\_) and 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 \_\_\_\_ day of \_\_\_\_\_, 2015 by \_\_\_\_\_, who is personally known to me or who has produced a Florida Driver's License as identification who did/did not take an oath.

\_\_\_\_\_  
Notary Public, State of Florida

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