



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 _____, 20__ 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 Seal