*** COVID-19 DECLARED STATE OF EMERGENCY***

MARTIN COUNTY BUILDING DEPARTMENT
900 SE RUHNKE STREET
STUART, FL 34994
(772) 288-5916
inspections@martin.fl.us

GARAGE DOOR REPLACEMENT AFFIDAVIT

*** This form must be accompanied by photos of the installation ***

Permit Number: _____

I, _____, Licensed as a CRC, CBC, CGC, locally license garage door, window door, contractor, Engineer, Architect (Circle one)

On or about the _____(Dat_____, did personally inspect the garage door replacement installation work at:

_____

(Address of construction)

Based upon that inspection, I attest that the installation was completed in accordance with the current edition of the Florida Building Code Residential, Florida Building code Existing Buildings .

_____ _____

(Signature) (License Number)

STATE OF FLORIDA, COUNTY OF MARTIN

The foregoing instrument was acknowledged before me

This _____ day of _____, 20____ by

_____

(Name of person acknowledging) (Notary Seal/Stamp)

_____

Signature of Notary Public

Personally known ___OR Produced Identification _____

Type of Identification _____

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