

COVID-19 DECLARED STATE OF EMERGENCY



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

WINDOW DOOR REPLACEMENT AFFIDAVIT

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

Permit Number: _____

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

On or about) _____ (Date _____, did personally inspect the window 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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