



DEPARTMENT OF GROWTH MANAGEMENT
205 North Marion Avenue
Lake City, Florida 32055
Telephone: (386) 752-2031
growthmanagement@lcfla.com

**INSTALLATION AFFIDAVIT
WINDOW & DOOR REPLACEMENT**

PERMIT NO. _____ DATE: _____
JOB ADDRESS: _____ QUALIFIER NAME: _____
INSTALLING COMPANY NAME: _____
INSTALLING COMPANY ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
QUALIFIER CONTRACTOR LICENSE NO. _____ PHONE NO. & E-MAIL _____
PROJECT SCOPE OF WORK: _____

I, _____, am a Florida licensed contractor and do hereby certify that all work has been performed and installed at the above project address in accordance with the Florida Building Code, Existing Building Code, and Manufacturer's Installation Instructions/POA/Product Approvals submitted. Any photographs and this affidavit shall be sent by e-mail to growthmanagement@lcfla.com.

CERTIFICATION SELECTION: (Please check all that apply)

Certification of Window Door Installation
Certification of Mullion Installation
Other: _____ (glass, block, etc.)

Signature of Qualifier: _____ Printed Name: _____
State of Florida, County of _____
Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ By _____
Personally Known _____, OR Produced Identification _____, or Online _____

Signature of Notary: _____
Printed Name of Notary: _____

Seal or Stamp

The Department and Applicant agree that this Document may be electronically signed. The parties agree that electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability and admissibility and as such, no notarization is required.