City of North Port Development Services Department 4970 City Hall Boulevard North Port, Fl. 34286

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WINDOW & DOOR ATTACHMENT AFFIDAVIT

Phone (941) 429-7044 Email: bldginfo@northportfl.gov Inspections (855) 941-4636

This form must be completed in its entirety and posted on the jobsite by the final inspection before the permit can be closed.

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Job Address:	Permit Number:		
This affidavit is for replacement of statement would be hidden by installation fasteners include bucks, mullions, stane on, plug-type covers.	n of the window or doo	or unit. Examples of co	oncealed
I do affirm and certify that all work in accordance with the engineered Edition (2020), and the manufacture Acceptance, or Florida Product App	plans, the Florida Build er's installation instruc	ing Code, Existing Bu	ilding, 7th
Signature:	Print Name	e:	
Date:	License Number:		
STATE OF FLORIDA, COUNTY OF SARASOTA			
The foregoing instrument was acknowledged befor	e me this day of	, 20	by
	who is personally know	n to me □ or who has produc	ed
as	identification by means of \Box ph	ysical presence or □ online n	otarization.
Notary Public Signature			