

Village of Tequesta Building Department

AIR CONDITIONER REPLACEMENT INSTALLATION AFFIDAVIT

This affidavit applies only to licensed contractors

CONTRACTOR NAME: _____

ADDRESS: _____ LICENSE # _____

OWNER/S NAME _____

JOB ADDRESS _____

PERMIT NUMBER: _____

CERTIFICATION SELECTION: *(Please check all that apply)*

- Certification of Condenser Unit Replacement Installation
- Certification of Air Handler Unit Replacement Installation
- Certification of Package Unit Replacement Installation

I, _____, a licensed Florida contractor, do hereby certify all work as indicated above shall be performed and installed at the above listed address pursuant provisions of the currently adopted edition of the Florida Building Codes *Existing, Mechanical, and Energy*, and the Manufacturer's Installation Instructions.

Signature of Qualifier

Date

STATE OF FLORIDA, COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____ (date) by _____,

Who is personally known to me or who has produced _____ (type of identification) as

Identification and who did (did not) take an oath.

Signature of person taking acknowledgement _____ (SEAL)

Name of officer taking acknowledgement--typed, printed or stamped _____

Title or rank _____ Serial number _____

Final Inspections shall be requested by calling the inspection clerk 24 hrs in advance at (561) 768-0450

345 Tequesta Drive, Tequesta, Florida 33469-0273 - Phone: (561-768-0450 – FAX: (561-768-0698