

# WINDOW & DOOR REPLACEMENT - AFFIDAVIT FOR WATER RESISTANT BARRIER FOR FRAMED WALLS (MUST BE ONSITE FOR INSPECTION)

PERMIT #: \_\_\_\_\_

JOB ADDRESS: \_\_\_\_\_

LOT / SUBDIVISION: \_\_\_\_\_

COMPANY: \_\_\_\_\_

I, \_\_\_\_\_, Contractor for the permit listed above,  
Please print name

license number \_\_\_\_\_, did personally inspect the installation of

the window(s) and/or door(s) and the required water resistant barrier(s). I certify the work is

in compliance with the current Florida Building Code – Existing Building Volume.

\_\_\_\_\_  
Contractor Signature and Date

**STATE OF FLORIDA** )

**COUNTY OF** \_\_\_\_\_ )

Sworn to and subscribed before me by means of [ ] physical presence or [ ] online  
notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_ (name of person acknowledging), who is [ ] personally known  
to me; or [ ] has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public (Seal)