TOWN OF OCEAN RIDGE

6450 N. Ocean Blvd., Ocean Ridge, FL 33435
561.732.2635 Main ♦ permits@oceanridgeflorida.com ♦ www.oceanridgeflorida.com

Installation Affidavit

Window/Door (Replacement)

TO: Town of Ocean Ridge, Florida
Building Department
6450 N Ocean Blvd
Ocean Ridge, FL 33435

RE: Permit Number: _____

Owner's Name: _____

Property Address: _____

From: Contractor: _____

Contractor's Address: _____

CERTIFICATION SELECTION: (Please check all that apply)

- ☐ Certification of Window Installation
- ☐ Certification of Door Installation
- ☐ Other _____ (glass block, etc.)

I, _____, am a licensed contractor (license no. _____) and do hereby certify that all work (as indicated above) has been performed and installed at the above address in accordance with the Florida Building Code, Existing Building, as amended, and Manufacturer's installation/NOA/Product Approvals submitted.

_____ _____

Signature of Qualifier Date

STATE OF FLORIDA, COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization on this _____ (date) by _____, who is personally known to me or who has produced _____ (type of identification) as identification.

Signature of person taking acknowledgement _____

Notary's Signature

SEAL