



TOWN OF PALM BEACH SHORES WINDOW & DOOR AFFIDAVIT

Job Address: _____

Permit No.: _____

Company Name: _____

Address: _____

Name of Qualifier: _____

License Number: _____

I, _____ do hereby affirm:

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 Instructions/NOA/ Product Approvals submitted.

I fully understand that if any violations are discovered, the Building Department may file an action against my certification with appropriate licensing board.

I agree to indemnify and hold harmless the TOWN PALM BEACH SHORES from any and all claims, judgments, cost, liabilities, damages and expenses including reasonable attorney fees whatsoever arising in connection with the missed inspection.

QUALIFIER/CONTRACTOR SIGNATURE _____

DATE

_____ Having first been duly sworn does affirm the statement above to be true and correct by his/her own personal knowledge and who is personally known to me or has produced _____ as identification.

My commission expires: _____

Signature of Notary Public

SEAL

Name of Notary Public