



**SANITARY REPLACEMENT/REPAIR COMPLETION AFFIDAVIT
(Marco Island)**

Job Information

Permit #: _____
Job Site Address: _____
Legal Address of Site: _____
Property Owner: _____
Owner's Mailing Address: _____

Contractor Information

Contractor License #: _____
Contractor Name: _____
Address: _____

Job Verification

During the installation of the sanitary piping for the replacement/repair was any of the following damaged:
piling, grade beams, and/or vapor barrier. Yes _____ No _____

If yes, provide the Contractor's name and license number that will be making the correction:

Contractor Name _____ License Number: _____

Contractor's Certification

I _____, certify that the work performed meets the requirements of the Florida Building Code 8th Edition (2023).

Print Name of License Holder Signature of License Holder

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by
_____ who is personally known to me, or has produced _____
as identification. State of Florida, County of _____.

Signature, Notary Public (seal)
Printed, Typed or Stamped Name of Notary