



SANITARY REPLACEMENT/REPAIR COMPLETION AFFIDAVIT (Marco Island)

Job Information

Permit #: _____

Job Site Address: _____

Legal Address of Site: _____

Property Owner: _____

Owner's Mailing Address: _____

Contactor 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 7th Edition (2020).

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

Printed, Typed or Stamped Name of Notary

12/2023