

LICENSED AIR CONDITIONING OR
MECHANICAL CONTRACTOR
AFFIDAVIT
FOR A/C CHANGEOUT INSTALLATIONS

The Town of Jupiter Island offers inspections -- call (772) 545-0150

To: Town of Jupiter Island, Martin County, Florida
Building Department
2 Bridge Road
Hobe Sound, FL 33455

Re: Permit No. _____

From: _____ (Contractor)
_____ (Contractor's Address)
_____ (Owner/s Name)
_____ (Property Address)

CERTIFICATION: *(Please check all that apply)*

___ Certification of Air Handler Change Out.

___ Certification of Condenser Unit Change Out.

___ Other _____

I, _____, am certified as an air conditioning or mechanical contractor (License No. _____) and do hereby certify that all installation work (as indicated above) has been performed at the above address in accordance with the Florida Building Code, 2010, as amended, and the Manufacturer's Specifications. I understand that the Town of Jupiter Island offers Mechanical inspections. I have notified the owner of the property of this affidavit.

Signature of Qualifier

Date

STATE OF FLORIDA, COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this _____ (date) by _____, who is personally known to me or who has produced _____ (type of identification) as identification and who did (did not) take an oath.

(SEAL)

Signature of person taking acknowledgement: _____

Name - typed, printed or stamped _____

Title or rank _____ Serial number, if any _____