



CITY OF OKEECHOBEE BUILDING DEPARTMENT
 55 SE THIRD AVENUE
 OKEECHOBEE, FL 34974
 Tele: 863-763-9821 Fax: 863-763-1686
 Created 4-18-18

MECHANICAL CONTRACTOR AFFIDAVIT

Building Permit Number: _____

Job Address: _____

Homeowner Name: _____

Contractor License Number: _____

Contractor Name: _____

I, _____, am Mechanical contractor duly licensed by the State of Florida. I hereby certify that all mechanical work (repair and/or replacement) has been performed at the above address in accordance with the regulations required by the Florida Building Mechanical Code.

I fully understand that, by the City of Okeechobee Building Official's acceptance of this certification, I am totality responsible for the correction of any problems (at the site of repair, installation or replacement) which may arise at any time in the future. I agree to indemnify, and hold harmless, the City of Okeechobee, Florida from any and all claims, judgements, cost, liabilities, damages, and expenses, including attorney fees, whatsoever arising in connection with the work performed.

I hereby acknowledge that the statements herein contained are true and correct.

 Qualifier Signature

 Date

State of _____

County of _____

Sworn to and subscribed before me this _____ day of _____ By

_____,
 who is personally known to me _____, or produced the following identification _____.

 Notary Public, State of Florida

Seal/Stamp