

CITY OF HOMESTEAD
DEVELOPMENT SERVICES
PERMITTING HOURS
8:00 A.M. - 12:00 P.M.
MONDAY – FRIDAY



100 CIVIC COURT
HOMESTEAD FLORIDA 33030
T.305.224.4500 F.305.224.4539

WINDOW/DOOR/SHUTTER AFFIDAVIT

Date: _____

Permit number: _____

Address: _____

Contractor: _____

License No.: _____

I, _____, the licensed contractor, do hereby certify that all anchoring of windows, doors and shutters installed in connection with the above permit meet the minimum screw embedment requirements of the Miami-Dade Notice of Acceptance and/or the State of Florida Product Approval for each unit installed.

Contractor's signature

ACKNOWLEDGEMENT

State of _____) County of _____)

Sworn to and subscribed before me on this _____ day of _____, 20____

Personally known _____ or produced identification:

Notary Public, State of Florida
My Commission Expires (SEAL)

PLEASE LEAVE COMPLETED AFFIDAVIT ON SITE WITH PERMIT CARD FOR FINAL INSPECTION

WWW.CITYOFHOMESTEAD.COM