



GROWTH AND RESOURCE MANAGEMENT

Building and Zoning
123 West Indiana Avenue
Deland, FL 32720
(386) 736-5929 Fax (386) 943-7096

To: The County of Volusia
Building Activity

Permit #: _____

ARCHITECT/ENGINEER AFFIDAVIT

Before me, the undersigned authority, personally appeared _____,
(Architect or Engineer)

License Number _____, who being duly sworn, deposes and says:

I did personally inspect and examine the **Window and/or Door Installation** constructed at
_____. Based upon my
examination, I have determined that the construction was done according to the plans, specifications,
and design and meets the requirements of the current edition or the _____ edition of the Florida
Building Codes and amendments thereto.

Further affiant saith not.

Affiant – Signed and Sealed

STATE OF FLORIDA
COUNTY OF

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

_____.

Notary Public, State of Florida signature

(Print, type or stamp name)

Personally known _____ or
Produced Identification _____
Type of identification produced _____

Commission No.: _____