



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

MECHANICAL CONTRACTOR AFFIDAVIT

Building Permit Number: _____

Job Address: _____

Homeowner Name: _____

Contractor License Number: _____

Contractor Name: _____

I, _____, am a 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 totally 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 FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this ____ day of _____, 20 __, by _____.
Personally known OR produced identification. (Name of Person)

Type of Identification Produced:

Signature of Notary

(seal)