



# TOWN OF OCEAN RIDGE

6450 North Ocean Boulevard, Ocean Ridge, Florida 33435  
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## Installation Affidavit Window/Door (Replacement)

TO: Town of Ocean Ridge, Florida  
Building Department  
6450 N Ocean Blvd  
Ocean Ridge, FL 33435

RE: Permit Number: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_

From: Contractor: \_\_\_\_\_  
Contractor's Address: \_\_\_\_\_

CERTIFICATION SELECTION: (Please check all that apply)

- Certification of Window Installation
- Certification of Door Installation
- Other \_\_\_\_\_ (glass block, etc.)

I, \_\_\_\_\_, am a licensed contractor (license no. \_\_\_\_\_) and do hereby certify that all work (as indicated above) has been performed and installed at the above address in accordance with the Florida Building Code, Existing Building, as amended, and Manufacturer's installation/NOA/Product Approvals submitted.

\_\_\_\_\_  
Signature of Qualifier

\_\_\_\_\_  
Date

STATE OF FLORIDA, COUNTY OF PALM BEACH

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.

Signature of person taking acknowledgement \_\_\_\_\_

Notary

SEAL