



**TOWN OF LAKE PARK
COMMUNITY DEVELOPMENT
DEPARTMENT**

**WINDOW & DOOR INSTALLATION CERTIFICATION
*FOR LICENSED CONTRACTORS ONLY***

I. PURPOSE

The purpose of this Policy is to provide a method for certifying installation of replacement doors and windows. **This Policy applies only to licensed contractors or owner qualified for exemption under Florida Statute 489.103(7).**

II. AUTHORIZATION

Section 54-7 of the Town of Lake Park adopts the Florida Building Code as adopted by the Town of Lake Park provides that requirements necessary for the public safety, health and general welfare not specifically covered by the standard or the Building Official shall determine other technical codes or policies.

III. APPLICATION

Qualified applicants may certify the window and/or door installation by preparing an Affidavit qualifying that the installation of the window and/or door complies with all codes, ordinances, rules and regulations; that the qualifier or designee personally inspected the specific job; and that the window and/or door was installed according to the 2010 Florida Building Code, and Existing Building Code, as amended, and the Manufacturer's Installation Instructions/NOA/Product Approvals.

This Affidavit must be presented to the Inspector at the final scheduled inspection on-site.

The Structural Building Inspector will fail the inspection until certified by the applicant, or pass the inspection if the signed Affidavit is present at the job site. A final is the only scheduled inspection and an affidavit supplied, the Inspector shall add the comment, "CERTIFIED", and pass the inspection.

Inspections may be requested by calling the Community Development Department at 561-881-3318 24 hours in advance.



**TOWN OF LAKE PARK
COMMUNITY DEVELOPMENT DEPARTMENT**

INSTALLATION AFFIDAVIT
WINDOW & DOOR REPLACEMENT

TO: TOWN OF LAKE PARK, FLORIDA
COMMUNITY DEVELOPMENT DEPARTMENT
535 PARK AVENUE
LAKE PARK, FLORIDA 33403

RE: BUILDING PERMIT NO. _____

FROM: _____ (CONTRACTOR)
_____ (CONTRACTOR'S ADDRESS)
_____ (OWNER'S NAME)
_____ (PROPERTY 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 the Manufacturer's Installation Instruction/NOA/Product Approvals submitted.

Signature of Qualifier

Date

STATE OF FLORIDA, COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____ day of _____, who is personally known to me or who has produced _____ as identification and who did or did not take an oath.

(SEAL)

SIGNATURE OF PERSON TAKING ACKNOWLEDGEMENT _____
NAME OF OFFICER TAKING ACKNOWLEDGEMENT _____