CITY OF APOPKA
BUILDING DIVISION
407-703-1713 Phone -- 407-703-1791 Fax -- 407-703-1815 Automated Inspection Line

AFFIDAVIT FOR STUCCO COMPLIANCE

COMPANY:	**LICENSE NO.:**		
PROJECT INFORMATION			
SUBDIVISION:			
Street Address:	**City: APOPKA**	**State: FLORIDA**	**Zip:**
PERMIT NUMBER:	**LOT:**		

I, _____, affiant, hereby affirm that I am the owner/builder or duly licensed contractor of record for the above referenced permit, that all the foregoing information is true and accurate, and that the lathe and the stucco/cementitious finish at the above referenced address/lot has been installed in accordance with ASTM C 926-98a or the most recent standard for installation of stucco as referenced in the Florida Building Code, current edition.

CONTRACTOR: _____
(Signature

_____
(Print Name)

STATE OF FLORIDA
COUNTY OF _____

This instrument was acknowledged before me this _____ day of _____, 20____, by the above referenced individual, _____, who acknowledged that he/she is a duly licensed contractor/owner-builder with _____, and who acknowledged that he/she was authorized to execute this document. He/She is either personally known to me _____ or produced _____ as valid identification.

WITNESS my hand and official seal this _____ day of _____, 20_____.

_____

Notary PubliC
Printed Name:_____
My Commission Expires:_____

Rev. 06-12-12