



Building Inspection Division
228 S Massachusetts Ave.
Lakeland, FL 33801-5086
863/834-6012
TDD 863/834-8333

Residential Window/Door Replacement Inspection Affidavit
For Interior Occupied Structures Only

This affidavit can only be used for the following scope of work: replacement of same size windows or doors. This form must be uploaded into the permit's attachment in eTRAKiT, then the corresponding inspection scheduled. On the date of the inspection, the inspector will review the submitted affidavit and perform an on-site, exterior inspection only.

RE: Permit # _____

I, _____, the qualifier and license holder of _____
(Print Name, as it appears on License) *(License Number)*

did personally oversee and inspect the work performed on _____
(Date, on or about)

at _____
(Job Site Address)

I understand and acknowledge that the City of Lakeland Building Inspection Division is accepting and relying upon this Affidavit instead of a City Inspector conducting a physical inspection of this Work. Therefore, I hereby certify that to the best of my knowledge and belief the installation was completed in accordance with the current edition of the Florida Building Code and all applicable local codes and amendments.

(Qualifier Signature)

STATE OF FLORIDA
COUNTY OF POLK

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by (name of person making statement).

(Signature of Notary Public-State of Florida)

(NOTARY SEAL)

(Name of Notary Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____