



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

**Residential Mechanical Inspection Affidavit**  
**For Interior Occupied Structures Only**

This affidavit can only be used for the following scopes of work: HVAC equipment changeouts such as air-handlers and duct replacements. 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 for compliance.

**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 Mechanical 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 \_\_\_\_\_