



REPIPE AFFIDAVIT

I. Identification

Permit Number: _____ Job Site Address: _____

Contractor Business Name: _____

Contractor Address: _____ State: _____ Zip: _____

Contractor Telephone: _____ Contractor Email: _____

Licensee Name: _____ License Number: _____

II. Work

Supply (To Bld.) Distribution (Inside Bld.) DWV Building Drain Building Sewer

Piping Material (Type) Used: _____

Type of Test: _____

Working (Supply) Pressure: _____ PSIG Test Pressure: _____ PSIG Test Duration: _____ Min.

III. Affirmation

I. _____ (Licensee) have personally performed or supervised the installation of the above approved, and all, materials and further attest that all such work was performed in strict accord with the requirements as set forth by: F.S 553.73 Florida Building Code specifically Residential Code § 2503, in effect at the time of permit issuance, the plumbing materials Manufacturer's Installation Instructions, and proper engineering and workmanship practices.

Printed Name of Licensee

Signature of Licensee

Date

STATE OF FLORIDA, COUNTY OF ORANGE,

The foregoing instrument was acknowledged before me by means of physical presence online notarization this _____ day of _____, 20____, by _____
(Name of Person Making Statement)

(Seal)

Signature of Notary Public

Print, Type or Stamp Name of Notary

Personally Known:

OR Produced Identification:

Type of Identification Produced:

COMPLETED DOCUMENT TO BE AT WORK SITE FOR FINAL INSPECTION

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