



**CITY OF OKEECHOBEE  
BUILDING DEPARTMENT  
55 SE THIRD AVENUE  
OKEECHOBEE, FL 34974  
Tele: 863-763-9821 Fax: 863-763-1686**

**MECHANICAL CONTRACTOR AFFIDAVIT**

Building Permit Number: \_\_\_\_\_

Job Address: \_\_\_\_\_

Homeowner Name: \_\_\_\_\_

Contractor License Number: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

I, \_\_\_\_\_, am a mechanical contractor duly licensed by the State of Florida. I hereby certify that all mechanical work (repair and/or replacement) has been performed at the above address in accordance with the regulations required by the Florida Building Mechanical Code.

I fully understand that, by the City of Okeechobee Building Official's acceptance of this certification, I am totally responsible for the correction of any problems (at the site of repair, installation, or replacement) which may arise at any time in the future. I agree to indemnify, and hold harmless, the City of Okeechobee, Florida from any and all claims, judgments, cost, liabilities, damages, and expenses, including attorney fees, whatsoever arising in connection with the work performed.

I hereby acknowledge that the statements herein contained are true and correct.

\_\_\_\_\_  
Qualifier Signature

\_\_\_\_\_  
Date

**STATE OF FLORIDA**  
**COUNTY OF \_\_\_\_\_**

The foregoing instrument was acknowledged before me, by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_, by \_\_\_\_\_.

Personally known OR produced identification.

(Name of Person)

Type of Identification Produced:

\_\_\_\_\_  
Signature of Notary

(seal)

