



GROWTH AND RESOURCE MANAGEMENT

Building and Zoning
123 West Indiana Avenue
Deland, FL 32720
(386) 736-5929 Fax (386) 943-7096

To: County of Volusia
Building Activity

Re: Permit # _____

GENERAL AFFIDAVIT

Before me, the undersigned authority, personally appeared _____,
License Number _____, who being first duly sworn, deposes and says:

I am licensed as a (n) _____. On or about _____, I
Did personally inspect the _____ work done at _____.
Based upon that examination I have determined the installation was done according to the _____
Florida Building Code and amendments in effect in Volusia County as of this date.

Further affiant saith not.

Affiant Signature

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____,
by _____.

Notary Public, State of Florida signature

(Print, type or stamp name)

Personally known _____ or
Produced Identification _____
Type of Identification produced _____

Commission No.: _____