



TERMITE TREATMENT AFFIDAVIT
FRANKLIN COUNTY BUILDING DEPARTMENT
 34 Forbes Street, Suite 1, Apalachicola, Florida 32320
 Phone: 850-653-9783 Fax: 850-653-9799
http://www.franklincountyflorida.com/planning_building.aspx

EFFECTIVE DATE:
FEBRUARY 1, 2006

TERMITE TREATMENT NOTICE

According to the Florida Residential Code, Section **R318 Certificate of Protective Treatment for prevention of termites**: A weather resistant jobsite posting board shall be provided to receive duplicate Treatment Certificates as each required protective treatment is completed, providing a copy for the person the permit is issued to and another copy for the Building Department Permit Files. The Treatment Certificate shall provide to establish a verifiable record of protective treatment: * Product Used * Identity of the Applicator * Time and Date of the Treatment * Site Location * Area Treated * Chemical Used * Percent Concentration * Number of Gallons Used

If the soil chemical barrier method for termite prevention is used, final exterior treatment shall be completed prior to final building approval.

PERMIT # _____ **JOB ADDRESS:** _____
BUILDER/CONTRACTOR: _____
PEST CONTROL CONTRACTOR: _____
PEST CONTROL LISENCE #: _____

We, the undersigned, hereby certify that we have pretreated the above described construction for subterranean termites in accordance with the standards of the National Pest Control Association.

Square Footage of Area Treated: _____ **Chemicals Used:** _____
Percentage of Solution: _____ **Total Gallons Used:** _____
Date of Treatment: _____ **Time of Treatment:** _____

____ <u>FOOTING</u>	____ <u>SLAB</u>	____ <u>DRIVEWAY</u>	____ <u>POOLS</u>	____ <u>OTHER</u>
____ 1st Treatment				
____ Re-Treatment				

BEFORE A CERTIFICATE OF OCCUPANCY WILL BE ISSUED A PRE-TREATMENT CERTIFICATE AND A FINAL (POST) TERMITE TREATMENT CERTIFICATE MUST BE PRESENTED TO THE BUILDING DEPARTMENT.

 Contractor/Owner Signature: _____ Date _____ Contractor/Owner Printed Name: _____

State of Florida
County of Franklin

I, _____, who is personally known or provided the following identification _____, on this day _____ of _____, 20____ understand that I have read and understood the above statement and will comply or the Final Certificate of Occupancy will be held up until the above has been documented.

SEAL:

NOTARY: _____
Printed Name: _____