

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.franklincountvflorida.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
- * <u>Product Used</u> * <u>Site Location</u>
- * Percent Concentration

* Identity of the Applicator * <u>Area Treated</u> * <u>Number of Gallons Used</u>

* Time and Date of the Treatment * Chemical Used

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

JOB ADDRESS: _____ BUILDER/CONTRACTOR:

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.

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:
contractor/ o where	Dignature.

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.

NOTARY: _____

PRINTED NAME: _____

