



**BUILDING DIVISION**

Community Development Department  
1776 Independence Lane, Maitland, FL 32751  
Phone: (407) 539-6150 Fax: (407) 539-6275 www.itsmymaitland.com  
Email: DigitalPlan@itsmymaitland.com

**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**