



BUILDING DEPARTMENT

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OWNER/BUILDER TERMITE TREATMENT AFFIDAVIT

Section #1 OWNER/BUILDER INFORMATION

Permit #: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Section #2 SITE LOCATION INFORMATION

Permit #: _____ Address: _____

City: _____ State: _____ Zip: _____

Lot / Block / Unit: _____ Area Treated (*Square Footage*): _____

Section #3 PRE-TREATMENT INFORMATION

Date of Treatment: _____ Area Treated (*Square Footage*): _____

Chemical Used: _____

Percent Concentration: _____ Number of Gallons Used: _____

Section #4 PERIMETER INFORMATION

Date of Treatment: _____ Area Treated (*Square Footage*): _____

Chemical Used: _____

Percent Concentration: _____ Number of Gallons Used: _____

The building has received a complete treatment for the prevention of subterranean termites. Treatment is in accordance with rules and laws established by the Florida Department of Agriculture and Consumer Services. (Per the Florida Building Code).

Owner / Builder Signature

Date