



AFFIDAVIT

STATE OF FLORIDA

COUNTY OF PALM BEACH, TOWN OF PALM BEACH

BEFORE ME THIS DAY PERSONALLY APPEARED _____, (permit license holder)
WHO BEING DULY SWORN, DEPOSES AND SAYS THAT:

1. He/she is the qualifier/license holder, or the qualifier's authorized agent (authorization attached), and further;
2. ACKNOWLEDGES THAT ALL WORK ON WORTH AVENUE IS PROHIBITED FROM NOVEMBER 1 THROUGH APRIL 31 AND ANY WORK AND REQUIRED INSPECTIONS RELATIVE TO PERMITS ISSUED ON WORTH AVENUE, MUST BE COMPLETED BY OCTOBER 31.

PERMIT #: _____ JOB ADDRESS: _____

DATE: _____

SIGNATURE OF QUALIFIER: _____

PRINT NAME: _____

QUALIFIER LICENSE NUMBER: _____

NOTARY AS TO QUALIFIER: _____

MY COMMISSION EXPIRES: _____