



BUILDING DEPARTMENT

190 Malabar Road, S.W. • Ste 105 • Palm Bay, FL 32908 • Phone: (321) 953-8924 • Fax: (321) 953-8925

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