FIRE-RATED JOINT AND PENETRATION(S) AFFIDAVIT

Permit No:	
Project Name:	
Project Address:	

I, _____, the qualifying agent for the company noted below, HEREBY CERTIFY that all penetrations through walls, ceilings, floors and other barriers resulting from the passage of pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic ducts and penetrations from similar building service equipment installed in connection with the above permit have been protected by approved fire rated materials or assemblies meeting the acceptance criteria of AMERICAN SOCIETY FOR TESTING AND MATERIALS (ASTM) E814, or UNDERWRITERS' LABORATORIES (UL) 1479, or other approved testing standard, and have been installed by qualified persons in accordance with the manufacturer's specifications, and are in compliance with the Florida Building Code – Building §714, and Plans Reviewed by the Town of Medley.
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I FURTHER CERTIFY that all joints installed in or between fire-resistance rated walls, floor or floor/ceiling assemblies and roofs or roof/ceiling assemblies have been protected by an approved fire-resistant joint system meeting the Florida Building Code – Building §715, and the acceptance criteria of ASTM E1966, or UL 2079, or other approved testing standard.

Print Name	Title	Signature	Date
Company	Telephone	Email	
WITNESS:			
Print Name		Signature	
WITNESS:			
Print Name		Signature	

SWORN AND SUBSCRIBED before me by _____ being personally known to me _____ OR having produced as identification _____ and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary: _____ Print Name: _____
Date: _____

Notary Public Stamp: My Commission Expires: