


Collier County
Growth Management Department
Building Plan Review & Inspection Division

**UNIFORM NOTICE OF A LOW-VOLTAGE
ALARM SYSTEM PROJECT**

Completion Affidavit

Jobsite Owner Information _____

Job Address _____

City / State / Zip _____

Owner's Phone Number _____

Electrical or Alarm Contractor's Name _____

Contractor's Address _____

City / State / Zip _____

Contractor's Phone Number _____

Contractor's Florida License Number _____ **Permit #** _____

Date Project Completed _____

Scope of Work _____

Notice is hereby given that a low-voltage alarm system project has been completed at the address specified above. I certify that all of the foregoing information is true and accurate and the installation complies with the Florida Building Code.

Name of Contractor or Authorized Representative _____

Signature of Contractor, or Authorized Representative _____ Date _____

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

STATE OF _____ COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC: CHECK ONE PERSONALLY KNOWN TO ME _____ Produced I.D. _____

TYPE OF ID PRODUCED _____

SIGN: _____

PRINT: _____

Notary Seal

