



Islamorada, Village of Islands Building Department

CERTIFICATE OF TERMITE PREVENTION

REQUIRED BY FLORIDA BUILDING CODE Sec. 1816, FLORIDA BUILDING CODE RESIDENTIAL Sec. 318

Permit Number:	Pest Control Company Name:	
Job Address:	Phone:	Email:

Check only one of the two following options for stage of treatment and complete details and initial accordingly:

<input type="checkbox"/> PRELIMINARY TREATMENT		Treatment Date	
Area of treatment	<input type="checkbox"/> Slab <input type="checkbox"/> Other:		
	Quantity	S.F	L.F
Retreat of disturbed area - Area Description and quantity: _____ _____ _____			
Method of Application:	<input type="checkbox"/> Soil	<input type="checkbox"/> Mixed	<input type="checkbox"/> Other
Registered Chemical Used:	Concentration Percentage (%):		Gallons Used:
Bait System Only: _____(initial) A signed contract has been executed between the Owner of the building and the Termiticide Contractor assuring the installation, maintenance, monitoring of the Bait System for a minimum of 5 years from the issuance of the Certificate of Occupancy. _____(initial) A copy of this Contract was on file with the Building Official prior to pouring the slab/mono-slab and has not been modified.			

<input type="checkbox"/> FINAL TREATMENT	Treatment Date
_____(initial) 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.	

Required - Applicators Signature