

Certificate of Compliance

(This is a partial treatment only and not a guarantee or warranty)

Permit Number: _____

Location of Property: _____

Legal Description: Section _____ Block _____ Lot _____

Soil Treatment for Termites - FBC 1816

| Pest Control Company | |
|------------------------------|-------|
| _____ | |
| Company Owner - Please Print | |
| _____ | |
| Signature | |
| _____ | _____ |
| Date | Title |

| Treatment Information |
|--|
| _____ |
| Date of Treatment |
| _____ |
| Chemical Used |
| _____ |
| Concentration |
| _____ |
| Gallons Used |
| _____ |
| Method of Application (soil mixed, etc.) |
| _____ |
| Linear Footage of Area Treated |

| Soil Treatment Company Information |
|------------------------------------|
| _____ |
| Soil Treatment Company Name |
| _____ |
| Address |
| _____ |
| Soil Treatment/DACS License # |

| Second Treatment Information |
|--|
| _____ |
| Date of Treatment |
| _____ |
| Chemical Used |
| _____ |
| Concentration |
| _____ |
| Gallons Used |
| _____ |
| Method of Application (soil mixed, etc.) |
| _____ |
| Linear Footage of Area Treated |

The building has received a complete treatment for the prevention of subterranean termites. Treatment is in accordance with the rules and laws established by the Florida Department of Agriculture and Consumer Services. A second treatment was done on (date) ____/____/____ as per manufacturer's specification. If the second treatment is not required, a copy of the product label shall be included with this certificate.

Please Note: The City of Port St. Lucie does not guarantee or warranty the preconstruction soil treatment attested to in the above. The purpose of this document is to show that to the best of this department's knowledge, the builder has satisfied the requirements of the Florida Building Code for protection against termites.

This form **MUST BE RETURNED** to the Building Department before your final inspection is scheduled!