

# 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!