



## Affidavit to acknowledge the requirement for a pile installation inspection report per FBC 1803 and 1810

Permit # \_\_\_\_\_

The engineer of record or a testing agency approved by the Building Official shall be on site for the entire time and witness the installation of each piling. This person is to observe the following minimum requirements, Total number of Installed Piles, Total Length of Installed Piles, Total Calculated Grout Volume Utilized for Piles, Total Actual Grout Volume Utilized for Piles, Piles installed in accordance with drawings and specifications, Exceptions to pile placements (as built), Description of installation equipment and procedure for installation, Blow count (if wood or steel), and Site conditions.

Upon completion of the installation and prior to any inspections, a piling installation inspection report written by the engineer of record or an approved testing agency, containing the following information must be submitted to the Building Official. The report must contain the following information:

Total number of installed piles  
Total length of installed piles  
Total calculated grout volume utilized for piles  
Total actual group volume utilized for piles  
Average grout factor for piles  
Piles installed in accordance with drawings and specification  
Exceptions to pile placements (as built)  
Description of installation equipment and procedure for installation  
Compressive strength report  
Blow count (if wood or steel)  
Site conditions

I, (print) \_\_\_\_\_, the contractor of record, affirm that I understand I am required to have the engineer of record or an approved testing agency approved by the building official on-site for the entire time to witness the installation of each piling. I understand failure to comply will result in extensive forensic testing by an approved testing agency.

\_\_\_\_\_  
Contractor's Signature

The Foregoing instrument was acknowledged before me by means of  
physical presence or online notarization  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_ as \_\_\_\_\_ for \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Florida  
Name \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_  
My Commission Number Is: \_\_\_\_\_  
Personally Known or Produced Identification  
Type of Identification Produced \_\_\_\_\_