



# SOUND TRANSMISSION AFFIDAVIT

Rev. 03-13-2015

Permit number: \_\_\_\_\_ Job address: \_\_\_\_\_

I, \_\_\_\_\_, the qualifying agent for \_\_\_\_\_  
(name) (contractor & C.C. number)

hereby certify that the following work items comply with the Florida Building Code, Section 1207—Sound Transmission, and with manufacturer’s specifications: (check all that apply)

The walls, partitions and floor/ceiling assemblies separating dwelling units from each other, or from public or service areas, have been constructed to meet or exceed the sound transmission class (STC) of 50 for air-borne noise when tested in accordance with ASTM E 90.

Acoustical insulation used: \_\_\_\_\_  
(manufacturer & product ID)

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(manufacturer & product ID)

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(manufacturer & product ID)

The floor/ceiling assemblies between dwelling units, or between dwelling units and a public or service area within the structure, have been constructed to meet or exceed the impact insulation class (IIC) rating of 50 when tested in accordance with ASTM E 492.

Acoustical insulation used: \_\_\_\_\_  
(manufacturer & product ID)

### Qualifying Agent:

By: \_\_\_\_\_ (signature) Print name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ Before me, this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, personally appeared \_\_\_\_\_ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Personally known  or Produced Identification  Type of ID produced: \_\_\_\_\_

Signature of Notary: \_\_\_\_\_ Print Name \_\_\_\_\_

Notary public stamp: \_\_\_\_\_ My commission expires: \_\_\_\_\_