



**City of Marathon Building Department**  
9805 Overseas Hwy Marathon, FL 33050 | (305) 289-5052 | ci.marathon.fl.us

**CERTIFICATE OF TERMITE PREVENTION**

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

<b>Permit Number:</b>	<b>Pest Control Company Name:</b>	
<b>Job Address:</b>	<b>Phone:</b>	<b>Email:</b>

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

<input type="checkbox"/> <b>PRELIMINARY TREATMENT</b>		<b>Treatment Date</b>	
<b>Area of treatment</b>	<input type="checkbox"/> Slab <input type="checkbox"/> Other:		
	<b>Quantity</b>	<b>S.F</b>	<b>L.F</b>
<b>Retreat of disturbed area - Area Description and quantity:</b> _____ _____			
<b>Method of Application:</b>	<input type="checkbox"/> Soil	<input type="checkbox"/> Mixed	<input type="checkbox"/> Other
<b>Registered Chemical Used:</b>	<b>Concentration Percentage (%):</b>		<b>Gallons Used:</b>
<b>Bait System Only:</b> _____(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"/> <b>FINAL TREATMENT</b>	<b>Treatment Date</b>
_____(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