



## STORM SHUTTER INSTALLATION AFFIDAVIT

Building Permit No.: \_\_\_\_\_

Job Address: \_\_\_\_\_

Owner of Property: \_\_\_\_\_

Shutter Company: \_\_\_\_\_ License No.: \_\_\_\_\_

I, \_\_\_\_\_, **DO HEREBY AFFIRM:**

Please print name (Qualifier only)

That I personally observed the completed installation of all hurricane panels/shutters on the above referenced property and further affirm that they are fitted properly for the openings they are intend to protect.

Qualifier Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

By: \_\_\_\_\_

Seal/Stamp

Notary Public, State of Florida

Personally known to me: \_\_\_\_\_

Produced identification: \_\_\_\_\_

(Type of ID)

*The Building Official will inspect the structural attachment of the panel rails and/or the shutter assembly attachment to the building, per the applicable Florida Product Approval or Miami Dade NOA and the 8th Edition Florida Building Code at Final Inspection.*