

**Indian River County
Building Inspection Division**

STORM SHUTTER INSTALLATION AFFIDAVIT

Building Permit No.: _____

Job Address: _____

Owner of Property: _____

Shutter Company: _____ License No.: _____

I, _____, **DO HEREBY AFFIRM:**
Please print name (Owner 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.

Owner 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 Indian River County Building Division will inspect the structural attachment of the panel rails and/or the shutter assembly attachment to the building, per the manufacturer's product approvals, ASCE7- 10 and the 2010 Florida Building Code at Final Inspection.