

**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, ASCE7-05 and the 2007 Florida Building Code with 2007 Supplements at Final Inspection.**