



HOME OF PELICAN ISLAND  
BUILDING DEPARTMENT  
1225 MAIN STREET • SEBASTIAN, FLORIDA 32958  
TELEPHONE: (772) 589-5537 • FAX (772) 589-2566

**STORM SHUTTER INSTALLATION AFFIDAVIT**

Permit # : \_\_\_\_\_

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

Contractor/Owner: \_\_\_\_\_

Qualifier Name: \_\_\_\_\_ License#: \_\_\_\_\_

**I, \_\_\_\_\_, DO HEREBY AFFIRM:**  
**Please print Owner or Contractor (Qualifier Name Only)**

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

\_\_\_\_\_  
Owner or Contractor (Qualifier Signature Only)

\_\_\_\_\_  
Date

STATE OF FLORIDA  
COUNTY OF INDIAN RIVER

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ who is \_\_\_\_\_ personally known to me or who has produced \_\_\_\_\_ as identification. Type of identification produced: \_\_\_\_\_

\_\_\_\_\_  
Official Signature

\_\_\_\_\_  
Notary Seal

**Notice to Permit Holder:**

**The City of Sebastian Building Department shall inspect the structural attachment of the panel rails and/or the shutter assembly attachment to the building, per the manufacturer's product approvals at time of Final Inspection.**

**All hardware connections for Emergency Escape and Rescue openings shall be previously approved by the Building Department.**