



MARTIN COUNTY BUILDING
 DEPARTMENT 900 SE RUHNKE STREET
 STUART, FL 34994
 (772) 288-5916
 inspections@martin.fl.us
 Text: 202-937-0892

SHUTTER AFFIDAVIT

PERMIT NUMBER: _____

JOB SITE ADDRESS: _____

CONTRACTOR/OWNER: _____

PHONE NUMBER: _____

QUALIFIER'S NAME: _____

LICENSE NUMBER: _____

I, _____, do hereby affirm:
 Owner or Contractor – Please print name

That I personally observed the complete installation of all approved hurricane panel/ shutters on the above referenced project and further affirm that they are fitted properly for the openings they are intended to protect.

 Signature of Owner or Contractor

Sworn to and subscribed before me by means of ___ physical presence
 or ___ online notarization, this ___ day of _____, 202__

By _____

 Notary Public, State of Florida

Personally known to me _____

Notary Seal/Stamp

Produced ID _____

Type _____

Martin County Building Department will inspect the structural attachment of the panel rails and/or the shutter assembly attachment to the building, per the manufacturer's product approvals, ASCE 7-20 and the Florida Building Code 8th Edition (2023) at final inspection.

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