



Community Development Department  
Building Division  
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Time/Date Stamp:

## **Storm Shutter Installation Affidavit of Acceptance**

Permit Application No. \_\_\_\_\_

This affidavit attests that I have verified the installation of all storm shutters/panels to be satisfactory with respect to fit, workability and the provision of all necessary hardware. My contractor has instructed me on the proper way to open, close, lock and store my hurricane protection system.

Owner's Name: \_\_\_\_\_

Owner's Address \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

In progress inspections for concealed fasteners and connections are required. The contractor is to acknowledge this requirement by initialing remark section on permit application.

**This affidavit must be completed by the homeowner and left with the permit package on the jobsite before the final inspection is called.**