



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

IMPACT PROTECTION INSTALLATION 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

The following impact protection was used as per the 7th Ed (2020) FBC 1609.1.2 or 7th Ed (2020) FBC Residential R301.2.1.2 for all exterior glazed openings at the above referenced job site.

_____ Impact Resistant Glass

_____ Approved Shutters

That I personally observed the complete installation of all 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

Notary Seal/Stamp

Personally known to me _____

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 7-16 and the 7th Ed (2020) Florida Building code at final inspection.

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