**BUILDING DIVISION**
1600 Huntington Lane, Rockledge, FL 32955
Phone: 321-221-7540 | Fax: 321-204-6356

# WIND-BORNE DEBRIS PROTECTION AFFIDAVIT

Permit #: _____ Phone #: _____

Job Address: _____

I, _____, Contractor of Record, License number _____ or Owner of the above referenced property, do acknowledge and affirm that the exterior glazed openings shall be protected from wind-borne debris in compliance with the Florida Residential Code, 7th Edition 2020 Section R301.2.1.2 and will be installed in order to receive an approved final inspection by the following method as indicated below:

☐ Shutters ☐ Wood structural panels

☐ Storm panels ☐ Other: _____

****The wind-borne debris protection method chosen shall be included in the permitted scope of work or be issued under a separate permit exclusive of wood structural panels.**

State of Florida, County of Brevard

_____
**Contractor**

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20_____, by _____, who is personally known to me or who has produced the following identification: _____.

_____
Signature of Notary

_____
Print Name

**Seal:**

State of Florida, County of Brevard

_____
**Owner**

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20_____, by _____, who is personally known to me or who has produced the following identification: _____.

_____
Signature of Notary

_____
Print Name

**Seal:**