

**Town of Sewall's Point Building Department**

One South Sewall's Point Road

Sewall's Point, Florida 34996

Ph: 772-287-2455

**OPENING
PROTECTION/SHUTTER
PERMIT APPLICATION**

Permit #: _____

CONSTRUCTION UNDER THIS PERMIT SHALL BE DONE IN ACCORDANCE WITH FBC 2023 8TH EDITION

Site Address: _____

Legal Description: _____

Parcel ID: _____

Owner's Information

Name: _____ Email: _____ Phone: _____

Address: _____

Contractor's Information

Name: _____ Email: _____ Phone: _____

Address: _____ State License no. _____

PROJECT INFORMATION☐ Commercial ☐ Residential

Description of work: _____ (include location)

Manufactured by: _____ Number of openings to shutter: _____

Type of shutter: ☐ Roll up ☐ Accordion ☐ Panels ☐ Plywood ☐ Motorized (requires electrical sub-permit)

*See checklist for additional requirements.

Total Valuation \$ _____

APPLICATION MUST BE SIGNED AND NOTARIZED BY THE CONTRACTOR AND OWNER

Contractor Signature _____ Date _____

Print Name _____

Notary Public, State of Florida _____

STATE OF FLORIDA, County of _____

[NOTARIAL SEAL]

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 ____ has produced _____ as identification

Owner or Owner's Authorized Representative Signature _____ Date _____

Print Name _____

Notary Public, State of Florida _____

STATE OF FLORIDA, County of _____

[NOTARIAL SEAL]

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 ____ has produced _____ as identification

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.



Building Department CHECKLIST FOR OPENING PROTECTION/SHUTTER PERMITS

PERMIT APPLICATION – The following information must be completed on the permit application:

- For office use only - Permit number
- Site address
- Legal description
- Parcel ID
- Owner's information
- Contractor's information
- Commercial/Residential
- Description of work (include location)
- Manufactured by
- Number of openings to shutter
- Type of shutter
- Valuation
- Notarized Contractor/Homeowner builder signature

PLANS AND DOCUMENTS – Provide 1 copy:

- Layout plan
- Florida Product approval with installations instructions
- Electrical sub-contractor permit application, if installing motorized shutters.
- Original Plans signed and sealed by a Florida licensed Architect/Engineer for any structural alteration.
- If altering the structure to install, please refer to the Structural Opening permit checklist
- Recorded Notice of Commencement for work valued at \$5000 or more. (NOC must be submitted to permitting prior to scheduling the first inspection.)
- ****If applying for the permit as a homeowner builder, a copy of the recorded warranty deed or property card showing homeowners name from the property appraiser's website must be submitted, along with HOB Affidavit. Homeowner must personally appear at the Building Department to have their signature notarized.**

This checklist is intended for Building Department use only. Additional documents may be requested at any time during the permitting process. Any exceptions must be approved by a Supervisor.



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SHUTTER SCHEDULE

I.D. NO.	APPOX OPENING SIZE (WXH)	APPOX SHUTTER WIDTH	APPOX HEIGHT	# OF STORM BARS REQ'D	ANCHOR SPACING	# OF WINDOW BARS EACH SIDE	HEADER REINF. REQ'D YES/NO	REMARKS
	37"X63"	45"	71"	N/A	12"	N/A	NO	EXAMPLE
1								
2								
3								
4								
5								
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IMPACT PROTECTION INSTALLATION AFFIDAVIT

BLDG. PERMIT NUMBER: _____

JOB SITE ADDRESS: _____

CONTRACTOR/OWNER: _____

PHONE NUMBER: _____

QUALIFIER NAME: _____

LICENSE NUMBER: _____

I _____, do hereby affirm:

Owner or Contractor – Please print name

The following impact protection was used as per the 2023 FBC 8th Edition for all exterior glazed openings at the above referenced job site.

☐ 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

Date: _____

Sworn to and subscribed before me this
_____ Day of _____ 20 _____

By _____

Notary Public, State of Florida Notary Seal/Stamp

Personally known to me _____

Produced ID _____

Type _____

Sewall' Point 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 and the 2023 Florida Building code at final inspection.