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Waiver of Hurricane Protection Affidavit

Permit No.: _____
Project Address: _____
Job Description: _____

Name of Owner: _____ Phone: _____
Owners Address: _____
City, State Zip: _____

Contractor: _____ License No.: _____
Company Name: _____ Phone: _____
Contractor Address: _____
Contact Person _____ Email: _____

I understand that the Shutter Products that I am purchasing and having installed on my home are not Hurricane rated Shutters and do not meet the test protocol for the Florida Building Code.

Under penalties of perjury, I declare that I have read the foregoing waiver of the Hurricane Protection Affidavit and the facts stated in it are true.

Owner Signature: _____
Owner Printed Name: _____
Date: _____