



Development & Neighborhood Services Department
100 S. Myrtle Avenue, Suite 210
Clearwater, FL 33756
Telephone: (727) 562-4567 Fax: (727) 562-4576
www.myclearwater.com

CERTIFICATION OF STORM SHUTTERS OR GARAGE DOORS

PERMIT NUMBER _____

PROJECT ADDRESS _____

CITY _____ PHONE NUMBER _____

STATE LICENSE NUMBER _____ EXP DATE _____

PCCLB NUMBER _____ EXP DATE _____

CLEARWATER OCCUPATIONAL / REGISTRATION LICENSE _____

COMPANY NAME _____

I, _____, certify the storm shutters and/or doors installed at the above address are installed in accordance with manufacturer's requirements meeting all applicable codes, including, but not limited to the required wind load, as well as all electrical code requirements.

I further understand that Development & Neighborhood Services may randomly inspect storm shutters and/or door installations and that the privilege of self-certification may be revoked at any time.

License Holder's Signature _____ Date _____

Please Print Name Clearly _____

I, _____, the homeowner/customer understand that this is a self-certification permit and there may be no inspections.

Owner/Customer Signature _____ Date _____