City of Atlantic Beach Building Department
800 Seminole Road
Atlantic Beach, Florida 32233
Telephone (904) 247-5800
Fax (904) 247-5845
www.coab.us

WIND-BORNE DEBRIS PROTECTION AFFIDAVIT

Date:_____

Permit #:_____

Property Address:_____

I understand the Florida Building Code requires replacement windows in a Wind-borne Debris Zone be impact glass or have openings provided with wind-borne debris protection. I recognize the structure involved is located in a Wind-borne Debris Zone. I am in the process of having windows replaced which require this protection but have elected not to have the required protection installed by my window contractor. I understand that before a final inspection may be approved, the required window protection must be provided. If the required window protection is not provided it will be a violation of State law and the City of Atlantic Beach may take appropriate code enforcement action which may result in fines beings made against this property. I also understand that my insurance company may not reimburse me for damages suffered due to the lack of required window protection.

I agree to have the required window protection installed on or before: _____
(Date)

I will be using the following material to provide the window protection: (check one)

A.____ Plywood per the Florida Building Code

B.____Other approved method_____
(Provide Florida Product Number)

Name of Homeowner's Insurance Company _____

_____ _____
(Signature of Property Owner) (Date)

_____
(Print Name)

STATE OF FLORIDA
COUNTY OF DUVAL
The foregoing instrument was acknowledged before me this _____day of _____, 20___, by

_____ (name of person acknowledging).

_____
Signature of Notary Public – State of Florida

Personally known _____ OR Produced Identification _____Type of Identification_____.