



PHOTOVOTAIC STRUCTURAL AFFIDAVIT

Job Address _____ Permit Number _____

Contractor _____ Florida License Number _____

I affirm and hereby certify that the Photovoltaic Engineering Certification will be followed including layout to comply with the percentage of roofing coverage, mounting type & attachment schedule, clear emergency access pathways, and all uplift/deadload in accordance with the exposure and wind zone requirements of the Florida Building Code. See Enclosed Pictures of Underside of Truss to ensure all fasteners are as engineering requires.

The above referenced permit has been performed in accordance with all applicable codes and ordinances, including, but not limited to, the Cape Coral Land Development Code (LDC) and Florida Building Code 105.4.1, Permit Intent. I understand that the granting of a permit does not relieve the permit applicant or contractor of their responsibility to comply with all codes, ordinances, and all required inspections. The receipt of a permit shall not be considered a warranty or guarantee of such compliance.

I hereby agree to indemnify and hold the City of Cape Coral, its officers, employees, and agents, harmless from any and all claims for injuries and damages to persons and property, both real and personal, arising from the work covered by this permit. I acknowledge that if any code violations are found or discovered following the issuance of this permit, a Notice of Violation (NOV) will be issued, and corrections will be required. I understand that the permit applicant will be responsible for any costs associated with the removal, relocation, repair, or replacement of these improvements.

I hereby acknowledge and agree that I have fully read, understood, and have voluntarily entered into this agreement. I acknowledge and agree that I have had an opportunity to ask questions and consult with an attorney of my choice before signing this agreement.

Contractor/Authorized Agent/Owner/Builder Name _____

Contractor/Authorized Agent/Owner/Builder Signature _____

State of _____ County of _____

Sworn to and subscribed before me this _____ day of _____, 20_____

by _____ Personally known to me _____

Produced identification _____ Type of identification produced _____

Sign _____

Print _____

City of Cape Coral ☎ P.O. Box 150027 ☎ Cape Coral, Florida 33915-0027 (239) 574-0600 ☎ Fax (239) 574-0591 ☎ www.capecoral.gov

11/07/22 nw