



City of Port St. Lucie

Building Department
121 SW Port St. Lucie Blvd.
Port St. Lucie, FL 34984 • 772-871-5132
Pandapublicweb.cityofpsl.com

Cut Truss Affidavit

Permit # _____

Address: _____

Contractor: _____ Phone: _____

OWNER NAME: _____

I, _____, was hired by the property owner to replace an existing air handler. Prior to the installation of the new air handler, I observed that a truss or trusses have been cut or damaged. I affirm that my company, _____, did not cut the trusses or impose structural damage at this location.

Furthermore, I have notified the property owner of the structural damage to the truss or trusses and that a notice of the damage will be placed on file with the Building Department. The owner was informed that code compliant repairs must be made to the trusses.

Signature (qualifier)

Date

Homeowner's name

Print Name

State of Florida

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by

_____.

Notary Public Signature

Personally Known _____ Produced ID _____