FLAGLER COUNTY PRODUCT APPROVAL PERMIT APPLICATION INFORMATION

| PROJECT DESIGN CRITERIA *Please answer the following questions | | | | | | |
|---|---|--------|----|--|--|--|
| COASTAL CONSTRUCTION ZONE? (SEAWARD OF CCCL LINE) | | | | | | |
| COASTAL BUILDING ZONE? | | | | | | |
| WINDBORNE DEBRIS REGION? | | | | | | |
| EXPOSURE CATEGORY (CIRCLE) | | | | | | |
| | | | | | | |
| IF APPLICABLE, METHOD OF COMPLI | ANCE WITH SECTION 1609.1.2 "PROTECTION OF O | PENING | S" | | | |
| CHECK APPROPRIATE METHOD | | | | | | |
| | DESIGN FOR INTERNAL PRESSURE | | | | | |
| | SHUTTER SYSTEM | | | | | |
| IMPACT RESISTANT GLASS | | | | | | |

SPECIAL NOTE:

IT IS THE APPLICANTS' SOLE RESPONSIBILITY TO VERIFY THAT SPECIFIC PRODUCTS HAVE BEEN INSTALLED IN ACCORDANCE WITH THEIR LIMITATIONS (FOR EX.: WINDOWS, DOORS, GARAGE DOORS, SKYLIGHTS AND SHUTTER SYSTEMS NEED TO MEET THE MINIMUM REQUIRED DESIGN PRESSURES FOR THE PROJECT). SPECIFIC COMPLIANCE WILL BE VERIFIED DURING FIELD INSPECTIONS.

IN ADDITION TO THIS FORM, MANUFACTURER SPECIFICATIONS AND INSTALLATION INSTRUCTIONS FOR EACH PRODUCT ARE REQUIRED TO BE ON SITE AT THE TIME OF INSPECTION.

| TYPE | MANUFACTURER | MODEL # / SERIES | RESERVED FOR PLANS EXAMINER USE | 2023 FLORIDA APPROVAL # (MUST INCLUDE DECIMAL NUMBER) | FLORIDA APPROVAL PDF FILE # (IF APPLICABLE) | MIAMI/DADE N.O.A. (IF APPLICABLE) |
|-----------------------|--------------|------------------|---------------------------------------|--|---|---|
| EXTERIOR DOORS | | | | | | |
| SWINGING | | | | | | |
| " | | | | | | |
| SLIDING | | | | | | |
| " | | | | | | |
| OVERHEAD | | | | | | |
| " | | | | | | |
| OTHER | | | | | | |
| WINDOWS | | | | | | |
| SINGLE HUNG | | | | | | |
| DOUBLE HUNG | | | | | | |
| HORIZONTAL ROLLING | | | | | | |
| CASEMENT | | | | | | |
| FIXED | | | | | | |
| AWNING | | | | | | |
| PASS THRU | | | | | | |
| SKYLIGHT | | | | | | |
| OTHER | | | | | | |

| TYPE | MANUFACTURER | MODEL # / SERIES | RESERVED FOR PLANS EXAMINER USE | FLORIDA APPROVAL# | FLORIDA APPROVAL pdf FILE # (IF APPLICABLE) | MIAMI/DADE N.O.A. (IF APPLICABLE) |
|----------------------|---|------------------|---------------------------------------|----------------------|---|---|
| ROOFING | | | | | 1 | |
| SHINGLES | FIELD VERIFY | | | | | |
| METAL | | | | | | |
| TILE | | | | | | |
| UNDERLAYMENT | | | | | | |
| SHUTTERS | • | | | | | |
| ROLL-UP | | | | | | |
| PANELS | | | | | | |
| PLYWOOD | D (CHECK HERE IF THIS METHOD IS CHOSEN) | | | | | |
| OTHER | | | | | | |
| STRUCTURAL COM | IPONENTS | | | | | |
| HURRICANE ANCHORS | (SPECIFYMANUFACTURER(S)) | | | | | |
| ENGINEERED LUMBER | | | | | | |
| LINTELS | | | | | | |
| INSULATION FORMS | | | | | | |
| OTHER | | | | | | |

| CONTRACTOR or OWNER/CONTRACTOR SIGNATURE: | DATE: |
|---|-------|
| | |
| JOB LOCATION: | |

THE FOLLOWING ALTERNATIVES ARE ACCEPTABLE IF THE PROPOSED PRODUCTS <u>DO NOT</u> HAVE VOLUNTARY STATE APPROVAL OR MIAMI/DADE ACCEPTANCE:

- Copy of product approval/testing information and copy of listing -or- report from a Product Certification Agency approved by the Florida Building Commission for each different covered product. Approved product certification agencies are shown @ www.floridabuilding.org (click on the product approval button, then click on the organization search tab).
- Copy of product approval/testing information from a Florida Building Commission approved Product Evaluation Entity or Product Testing Laboratory and
 documentation showing the manufacturer has a Florida Building Commission approved Quality Assurance Agency on retainer. Submittals are required
 for each different covered product. Approved Product Evaluation Entities, Product Testing Laboratories and Quality Assurance Agencies are shown on
 the above referenced website (click on the product approval button, then on the organization search tab).