

SHUTTER / WINDOW / DOOR/ PERMIT APPLICATION

Residential Commercial

Property Owner:				Permit #:		
Strap#:				Lot: Bl	ock:	Unit:
Job Address:				Subdivision:		
Discotions						
Contractor Business Nan	ne / Applicant Nan	ne:				
License #:						
Email:						
Construction Value: \$		Electric Required: No Yes, a separate electric sub-permit will be required.				
Description of work:						
APPLICATIONS FOR SHU	ation letter must b	e submitted if the	windows / shutte	ers are being installe or the type of cover	ed on a condring that wil	do. I be used. You may
obtain a copy of the shu	tter worksneet on	line at: http://www.l	leegov.com/gov/dep	ot/dcd/Permitting/Type	<u>ss/Pages/Shut</u>	terPermit.aspx
APPLICATIONS FOR WIN	IDOWS / DOORS	Note: If the window /	door replacement is	not size for size please ເ	ıse the <u>Resider</u>	ntial permit application.
			Impact			
Type	Number	Expiration Date	Resistant?	Affected Opening	Number(s)	on the Floor Plan
FL# or NOA			Yes No			
FL# or NOA						
FL# or NOA			Yes No			
FL# or NOA			Yes No			
FL# or NOA			Yes No			
FL# or NOA			Yes No			
Select one of the following with Lessen Providing Individus Providing Individus Providing Individus FLOOR PLANS: All applications shutter/ window installa	ee County's Master al Calculations al Engineering ations must includ tion and the expe	r Calculations, WIN le three (3) copies of	of the floor plan	w be used for window repla indicating all opening affected openings r	ngs which w	an or equal to 60ft high.) Fill be affected by Inbered in
accordance with this app	olication and/or th	e shutter workshe	et. If electric shut	ters are installed a	separate el	ectric sub-permit
will be required. ENGINEERING If the pro	duct door not have	a an activa El # a= N	JOA# it must be	uhmittad with the	o conice of	angingered details
showing compliance wit			NOA# It Must be s	submitted with thre	e copies of	engineered details
THIS PERMIT IS VOID IF THE MADE FOR A PERIOD OF SIX IS VIOLATED. APPLICANT AC NOT BE USED OR OCCUPIED TO OBTAIN PERMIT OR MISP PUNISHED AS PROVIDED BY TWICE FOR IMPROVEMENTS	((6) MONTHS FROM GREES TO COMPLY V D UNTIL AN APPROVE REPRESENTATION OF 7 THE LAW. FAILURE	THE MOST RECENTLY VITH THE SANITARY F ED CERTIFICATE OF C F THE IMPROVEMENT	Y PAŠŚED INSPECT REGULATIONS AND DCCUPANCY IS ISSI 'S IS A MISDEMEAN	ION. THE PERMIT IS VO UNDERSTANDS THAT JED. APPLICANT FURT OR AND UPON CONVIO	OID IF THE ZC THE PROPOS THER UNDERS CTION, APPLIC	ONING CLASSIFICATION SED STRUCTURE MAY STANDS THAT FAILURE CANT CAN BE
I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION SUBMITTED FOR THIS PERMIT IS TRUE & CORRECT, & COMPLIES WITH DEED OF RESTRICTIONS.						
Signature Authorizatio		D	ate:			