



EXTERIOR OPENINGS PERMIT APPLICATION

Size for Size *ONLY*

Property Owner: _____ Permit #: _____

Strap#: _____

Job Address: _____

Description of work: _____

Contractor Business Name / Applicant Name: _____

License #: _____ Phone #: _____ Email: _____

Construction Value: \$_____ If construction value exceeds \$2500, a Notice of Commencement will be required.

Directions (if Mobile Home) : _____

Are you using Private Provider services for Plan Review? No Yes Inspections? No Yes

Will the size of the openings be changing or any new openings be created? No Yes*

*Must use the [Residential](#) or [Commercial](#) application to apply for a Remodel permit.

Type of Use (select one):	Complete the Information, based on Type of Use selection	
<input type="checkbox"/> 1 & 2 Family	Is this a Mobile Home? <input type="checkbox"/> No <input type="checkbox"/> Yes**	
<input type="checkbox"/> Commercial Building	Number of Stories: _____ (Plan Review required, if over 3 Stories)	
<input type="checkbox"/> Multi-Family/Condo (3+ Units)***		
<p>**If replacing windows/doors on a Mobile Home, Impact protection is not required unless the work is taking place on a Mobile Home Addition.</p> <p>***An HOA/Condo Association letter must be submitted if the work is being completed on a Condo or Townhouse with 3 units or more.</p>		
Improvement Type (select all that apply):	Complete the Information, based on Improvement Type selection	
<input type="checkbox"/> Window Replacement ****	Number of Windows: _____	
<input type="checkbox"/> Door Replacement ****	Number of Doors: _____	
<input type="checkbox"/> Acrylic / Vinyl Window Replacement ****	Number of Acrylic/Windows: _____	
<input type="checkbox"/> Shutter Installation *****	Number of Shutters: _____	Electric Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>****If replacing windows/doors on a Mobile Home, Impact protection is not required unless the work is taking place on a Mobile Home Addition.</p> <p>***** Complete the appropriate Table below, based on the Improvement Type selected, and select one Engineering Type</p>		

WINDOWS / DOORS INFORMATION (TABLE) - Complete One Row per FL # or NOA #

FL # or NOA #	Mullion	Impact Resistant?	Expiration Date of Product	Affected Opening Number(s) on Floor Plan	Same Affected Opening, Different Product #	For Non-Impact Openings, you must complete one of the below options:	
						Installing Shutters	Permit Number of Existing Shutters, if applicable.
	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	



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SHUTTER / PANEL INFORMATION (TABLE) - Complete One Row per FL # or NOA #

FL # or NOA #	Impact Resistant?	Expiration Date of Product	Affected Opening Number(s) on Floor Plan
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Engineering Type (select one):
<input type="checkbox"/> Complying with Lee County's Master Calculations, <i>WINDMSTR20</i> (only for window/door replacements less than or equal to 60ft high.)
<input type="checkbox"/> Providing Individual Calculations (only for window/door replacements less than or equal to 60ft high; Plan Review required)
<input type="checkbox"/> Providing Individual Signed & Sealed Engineering (Plan Review required)

FLOOR PLANS: All paper applications must include three (3) copies of the floor plan indicating all openings affected by shutter/window installation and the expected means of escape (egress). The affected openings must be numbered in accordance with this application. If electric shutters are installed, an electric sub-contractor will be required to attach their license to this permit.

ENGINEERING If the product does not have an active FL# or NOA# it must be submitted with three (3) sets of engineered details showing compliance with the current *Florida Building Code – Energy Conservation*. If providing Individual Engineering or Individual Calculations, three (3) sets of site specific, signed and sealed engineered plans showing compliance with the current *Florida Building Code – Energy Conservation* will be required.

THIS PERMIT IS VOID IF THE FIRST INSPECTION IS NOT MADE WITHIN SIX (6) MONTHS FROM THE DATE ISSUED OR IF NO INSPECTION HAS BEEN MADE FOR A PERIOD OF SIX (6) MONTHS FROM THE MOST RECENTLY PASSED INSPECTION. THE PERMIT IS VOID IF THE ZONING CLASSIFICATION IS VIOLATED. APPLICANT AGREES TO COMPLY WITH THE SANITARY REGULATIONS AND UNDERSTANDS THAT THE PROPOSED STRUCTURE MAY NOT BE USED OR OCCUPIED UNTIL AN APPROVED CERTIFICATE OF OCCUPANCY IS ISSUED. APPLICANT FURTHER UNDERSTANDS THAT FAILURE TO OBTAIN PERMIT OR MISREPRESENTATION OF THE IMPROVEMENTS IS A MISDEMEANOR AND UPON CONVICTION, APPLICANT CAN BE PUNISHED AS PROVIDED BY THE LAW. FAILURE TO COMPLY WITH THE MECHANICS LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR IMPROVEMENTS.

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 Authorization: _____ Date: _____

Print Name (Required for hand signatures only): _____

