

Windows, Garage Doors, Exterior Doors, Skylights and/or Hurricane Shutters Application

Please submit two (2) complete sets of plans, two (2) sets of product approvals and installation instructions with application.

Job Address: _____

Owner: _____ Phone _____

Address: _____

Contractor: _____

Address: _____

Phone: _____ Fax: _____ Email _____

Valuation of work to be performed: _____

Number of **Windows** / **doors**/ **skylights** / or **shutters** **(please circle)** to be installed _____

Garage Door height _____ ft Garage Door Width _____ ft

Include two (2) drawings of the elevation(s) of the building showing the windows and/or doors to be replaced.

Procedure: In order to expedite issuance of permits provide all information as appropriate. Incomplete applications may result in delay in issuance of permit.

In addition to the building data, the following information is required:

- 1) Manufacturer’s Test report with uniform structural load (psi)
- 2) Installation procedures
- 3) Window description/type
- 4) Garage door description/type
- 5) Skylights description/type
- 6) Hurricane Shutter description/type
- 7) Elevation view of window locations

I hereby certify that I have read and examined this application and know the same to be sure true and correct. All provisions of the laws and ordinances governing this type of work will be complied with, whether specified herein or not. The granting of a permit does not presume to give authority of construction or the performance of construction of the property. I understand that the issuance of this permit is contingent upon the above information being true and correct and that the plans and supporting data have been or shall be provided as required.

Signature of Contractor/Owner: _____

Sworn to and subscribed before me this _____ date of _____, 20_____.

State of Florida
County of Duval

- ☐ Personally Known
- ☐ Produced identification
- ☐ Type of identification produced _____

DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY

Review Result (circle one): Approved Disapproved

Approved w/ Conditions _____

Initials/Date: _____

Window Worksheet*

Job Address: _____

Exposure: B ☐ C ☐

Product approval for window # _____ Product approval for shutters # _____

Required Building Data: (needed for windows only)

Mean Roof Height _____ ft Building Width _____ ft Building Length _____ ft Roof Slope _____

Window Height _____ ft Window Width _____ ft Window Elevation from Grade _____ ft

Measurement from corner of building to window _____ ft

Component and Cladding Charts

B Exposure 30' mrh			C Exposure 30' mrh		
Opening Size in SqFt	End Zone** PSF	Interior Zone PSF	Opening Size in SqFt	End Zone** PSF	Interior Zone PSF
0-10	25.9- - 34.7	25.9- - 28.1	0-10	25.9- -48.6	25.9- -39.4
11-20	24.7- - 32.4	24.7- - 26.9	11-20	24.7- -45.4	24.7- -37.8
21-50	23.2- - 29.3	23.2- - 25.4	21-50	23.2- -41.0	23.2- -35.6
51-100	22- - 26.9	22- - 24.2	51-100	22.0 - -37.8	22.0- -34.0

Sketch footprint of building; indicate size and location of windows to be replaced and location of bedrooms.

**End Zone 10% of the length of wall and not less than 3 feet.

PRODUCT APPROVAL INFORMATION SHEET

City of Neptune Beach

116 First Street • Neptune Beach, Florida 32266-6140
(904) 270-2400 Ext 4 • FAX (904) 270-2432 Email:
BLDGCLERK@NBFL.US OR PIPERTURNER@NBFL.US



As required by Florida Statute 553.42 and Florida Administrative Code 9B-72, please provide the information and product approval number(s) for the building components listed below as applicable to the building Construction project for the permit number listed above.
You should contact your product supplier if you do not know the product approval number for any of the applicable listed products. Information regarding statewide product approval may be obtained at: www.floridabuilding.org

Category/Subcategory	Manufacturer	Product Description	Code Version	FL# (included suffix)	Expiration
Example	ACME	36" Exterior Widget	2014	12345.01	12/31/2007
A. Exterior Doors					
1. Swinging					
2. Sliding					
3. Sectional					
4. Roll-up					
5. Other					
B. Windows					
1. Single Hung					
2. Horizontal Slider					
3. Casement					
4. Double Hung					
5. Fixed					
6. Awning					
7. Pass-through					
8. Projected					
9. Mullion					
10. Wind Breaker					
11. Dual Action					
12. Other					
C. Garage Door					

Permit Number _____

Tax Folio Number _____

NOTICE OF COMMENCEMENT

STATE OF FLORIDA
COUNTY OF DUVAL

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Description of property (Street address): _____
Legal Description: _____
2. General description of improvement: _____
3. Owner information:

a. Name and Address: _____

b. Interest in property: _____

c. Name and address of fee simple titleholder (other than owner): _____
- 4.a. Contactor's name and address: _____

b. Phone number: _____ Fax number: _____
5. Surety Information:

a. Name and address: _____

b. Phone Number: _____ Fax Number: _____

c. Amount of Bond: _____
6. a. Lender's name and address: _____

b. Phone Number: _____
- 7.a. Person within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by 713.12(1) (a) 7. Florida Statutes.

a. Name and address: _____

b. Phone numbers of designated persons: _____
8. a. In addition to himself/herself, Owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13(1) (b), Florida Statutes.

b. Phone number of person or entity designated by owner: _____
9. Expiration date of notice of commencement (the expiration date is one (1) year from the date of recording unless a different date is specified)

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner (Owner's Authorized Officer/Director/Partner/Manager)

(Signatory's Title/Office)

The foregoing instrument was acknowledged before me this _____ day of _____ 20____
by _____ as _____ for _____.

Notary:

Personally Known _____ or Produced Identification _____ Type of identification Produced: _____

My commission expires: _____

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.