

### DRIVEWAY AND PATIO PERMIT PACKET

Before any development activity occurs on a piece of property, a permit must be obtained. All construction or permitted uses MUST meet the current Building Code for the State of Florida. The inspector will perform inspections and provide approval based on these codes.

Below are a list of items required at time of application submittal. Please note that incomplete applications will NOT be accepted.

Complete permit application, notarized by all applicable parties.

Copy of signed contract, if applicable.

Owner-Building Affidavit, unless contractor is performing work.

Proof of ownership (i.e. Current tax notice, Homestead Exemption notice, Recorded Deed).

Three copies of the site plan, drawn to scale.

Detail drawing showing layout, thickness, reinforcement, psi of concrete.

Copy of State Contractors or Installers License and proof of Liability Insurance Certificate listing the City of Eustis as the Certificate Holder if contractor is performing work.

Signed and recorded Notice of Commencement (required for all work exceeding \$2,500).



## **CITY OF EUSTIS -- BUILDING PERMIT APPLICATION**

111 E. Orange Avenue, P. O. Drawer 68, Eustis, FL 32727-0068 Telephone: 352-483-5462---Fax: 352-589-2651

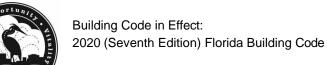
### Code in Effect: FLORIDA BUILDING CODE 2023, 8th Edition

Property Owner	Contractor(Applicant)	
g Address	License Holder	
Phone	License Number	
City Zip	Address	
StateFax	CitySt	tateZip
	Phone	Fax
	E-mail Address:	
Project Address	Alt Kev#	
Subdivision		
Responding to a Code Violation? Ye Is property in a Floodplain? Yes	No Within a Historic District? No If "Yes" Base flood elevation must be p	YesNo provided on your Site Plan.
Contract Price/Value: \$	Proposed Project Description/Scope:	
WARNING TO OWNER: YOUR FAIMAY RESULT IN YOUR PAYING TO NOTICE OF COMMENCEMENT MUBEFORE THE FIRST INSPECTION. IT YOUR LENDER OR AN ATTORNEY NOTICE OF COMMENCEMENT.  NOTICE: In addition to the requirements of this perfound in the public records of this county, and there to the requirements of this perfound in the public records of this county, and there to the requirements of this perfound in the public records of this county, and there is the public records of this county, and there is the public records of this county, and there is the public records of this county, and there is the public records of this county, and there is the public records of this county.	TWICE FOR IMPROVEMENTS TO UST BE RECORDED AND POSTIFYOU INTEND TO OBTAIN FINAN BEFORE COMMENCING WORK (mit, there may be additional restrictions applicable)	O YOUR PROPERTY ED ON THE JOB S NCING, CONSULT W. OR RECORDING YO
MAY RESULT IN YOUR PAYING TO NOTICE OF COMMENCEMENT MUBEFORE THE FIRST INSPECTION. IT YOUR LENDER OR AN ATTORNEY NOTICE OF COMMENCEMENT.  NOTICE: In addition to the requirements of this per found in the public records of this county, and there is management districts, state agencies, or federal agent I certify that, per Chapter 469, F.S., Asbestos Aba Demolition Form, and will comply with all requires	TWICE FOR IMPROVEMENTS TO UST BE RECORDED AND POSTIFYOU INTEND TO OBTAIN FINAN BEFORE COMMENCING WORK of the many be additional restrictions applicated that has be additional permits required from other go cies.  Itement, I will contact FDEP and provide the Numents, including, but not limited to, conducting	O YOUR PROPERTY ED ON THE JOB S NCING, CONSULT W. OR RECORDING YOu to be to this property that may be overnment entities, such as was Notice of Asbestos Renovation
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#### **BUILDING PERMIT APPLICATION - PAGE 2**

CONTRACTOR-PLEASE COMPLETE INFORMATION AND SIGN IN APPROPRIATE BLOCK BELOW. BY SIGNING BELOW, I HEREBY SWEAR THAT I AM IN COMPLIANCE WITH FLORIDA'S WORKER'S COMPENSATION LAW AND THAT I HAVE SECURED COVERAGE OR HAVE A VALID CERTIFICATE OF EXEMPTION.

State-Cert/Reg #	Building Contractor:			ntractor:	
Address					
City	Address		Address		
State					
Cell	State	Zip	State	Zip	
Signature	Phone	Fax	Phone	Fax	
Plumb Contractor:	CellEma	uil:	Cell	Email:	
State/Cert/Reg #   Address   Addre	Signature		Signature		
State/Cert/Reg #   Address   Addre	Plumb Contractor:		HVAC Contrac	tor:	(*)
Address					
City         City           State         Zip           Phone         Fax           Cell         Email:           Signature         Signature           Elec. Contractor:         Signature           State/Cert/Reg #         Address           Address         Address           City         State         Zip           State         Zip         State         Zip           Phone         Fax         Phone         Fax           Cell         Email:         Cell         Email:           Signature         Signature         Signature           Specialty Contractor:         Engineer/Architect:         State/Cert/Reg #           Address         State/Cert/Reg #         State/Cert/Reg #           Address         State/Cert/Reg #         State/Cert/Reg #           Address         State         The phone           Fax         State/Cert/Reg #           Address         State/Cert/Reg #           Address         State/Cert/Reg #           State         The phone           Fax         State/Cert/Reg #           Cell         Email:           Signature         State/Cert/Reg #	_				
State					
Phone	State	Zip	State	Zip	
Cell         Email:         Cell         Email:           Signature         Signature         Signature           Elec. Contractor:         LP Gas Contractor:         State/Cert/Reg #         Address           City         Address         City         City         State         Zip         Description         Fax         Phone         Fax         Phone         Fax         Phone         Fax         Cell         Email:         Cell         Email:         Signature         Signature         Signature         Signature         State/Cert/Reg #					
LP Gas Contractor:					
State/Cert/Reg #	Signature		Signature		
State/Cert/Reg #	Elec. Contractor:		LP Gas Contra	ctor:	
Address City City City State Zip State Zip State Zip Phone Fax Phone Fax Cell Email:  Signature Signature Signature  Specialty Contractor: Engineer/Architect: State/Cert/Reg #					
City         City           State         Zip           Phone         Fax           Cell         Email:           Signature         Cell           Signature         Signature    Specialty Contractor:  State/Cert/Reg #  Address  City  State  Tip  Phone  Fax  Cell  Email:  Signature  Signature  Signature  (*) NOTE TO HVAC CONTRACTOR: FLORIDA BUILDING CODE - ENERGY EFFICIENCY, REQUIRES THAT THE CONTRACTOR PROVIDE MANUAL J & MANUAL N ON ALL NEW CONSTRUCTION AND REPLACEMENT HVAC SYSTEMS; CONTRACTOR MUST ALSO PROVIDE CERTIFICATION THAT ALL DUCTWORK HAS BEEN INSPECTED AND ALL NECESSARY REPAIRS/TAPING HAVE BEEN COMPLETED.					
State					
Phone Fax Phone Fax  Cell Email: Cell Email: Email: Email: Cell Email: Fax  Signature Signature Signature  Signature Signature Signature  State/Cert/Reg # State Zip  Phone Fax Cell Email: Signature  (*) NOTE TO HVAC CONTRACTOR: FLORIDA BUILDING CODE - ENERGY EFFICIENCY, REQUIRES THAT THE CONTRACTOR PROVIDE MANUAL J & MANUAL N ON ALL NEW CONSTRUCTION AND REPLACEMENT HVAC SYSTEMS; CONTRACTOR MUST ALSO PROVIDE CERTIFICATION THAT ALL DUCTWORK HAS BEEN INSPECTED AND ALL NECESSARY REPAIRS/TAPING HAVE BEEN COMPLETED.	State	Zip	State	Zip	
CellEmail:					
Specialty Contractor:  State/Cert/Reg #  Address  City  State	CellEma	iil:	Cell	Email:	
State/Cert/Reg #	Signature		Signature		
State/Cert/Reg #	Specialty Contractor:		Engineer/Archi	tect:	
Address City State State Tip Phone Fax Cell Email: Signature  (*) NOTE TO HVAC CONTRACTOR: FLORIDA BUILDING CODE – ENERGY EFFICIENCY, REQUIRES THAT THE CONTRACTOR PROVIDE MANUAL J & MANUAL N ON ALL NEW CONSTRUCTION AND REPLACEMENT HVAC SYSTEMS; CONTRACTOR MUST ALSO PROVIDE CERTIFICATION THAT ALL DUCTWORK HAS BEEN INSPECTED AND ALL NECESSARY REPAIRS/TAPING HAVE BEEN COMPLETED.					
City	<u> </u>				
PhoneFax					
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CellEmail:  Signature  (*) NOTE TO HVAC CONTRACTOR: FLORIDA BUILDING CODE – ENERGY EFFICIENCY, REQUIRES THAT THE CONTRACTOR PROVIDE MANUAL J & MANUAL N ON ALL NEW CONSTRUCTION AND REPLACEMENT HVAC SYSTEMS; CONTRACTOR MUST ALSO PROVIDE CERTIFICATION THAT ALL DUCTWORK HAS BEEN INSPECTED AND ALL NECESSARY REPAIRS/TAPING HAVE BEEN COMPLETED.	Phone	Fax			
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	THAT THE CONTRACT REPLACEMENT HVAC DUCTWORK HAS BEEN	OR PROVIDE MAI SYSTEMS ; CONT	NUAL J & MANUAL N ( FRACTOR MUST ALSO D ALL NECESSARY REI	ON ALL NEW CONSTRUCTION PROVIDE CERTIFICATION TH. PAIRS/TAPING HAVE BEEN CO	AND AT ALL



LICENSE #

PRIMARY CONTACT EMAIL ADDRESS

**BUILDING PERMIT APPLICATION - PAGE 3** 

PRIMARY CONTACT CELL PHONE NO.

Dilara			Permit	Number: _	
Florida Est. 1883					
Important!  Yes No (Che yes, provide the Finish Flor plan for the site. Depending required. Note: Failure to redamages.	g on the type o	FFE) , lot corr of developme	ner eleva ent, not a	ations and all informa	d drainage ation will be
III. OWNER & LENDER INFO					
A. OWNER OR LESSEE	EMAIL ADDRESS			FAX NO.	
NAME				TELEPHONE NO	D.
MAILING ADDRESS		CITY		STATE	ZIP CODE
B. BONDING/MORTGAGE NAMES				I	 
Fee Simple Titleholder, Bonding Company, Moi improvements and not just work authorized by					
NAME	ADDRESS,	CITY,	STATE	& ZIP	TELEPHONE NO.
FEE SIMPLE TITLEHOLDERS (IF OTHER THAN OWNER)	☐ SAME AS OWNER				
BONDING COMPANY NOT APPLICABLE					
MORTGAGE LENDERS					
DESIGN PROFESSIONAL LICENSE #					



### **HOMEOWNER AFFIDAVIT**

Parcel ID #:  Property Owners Name:  Property Owners Address:			
The undersigned, being first duly the State of Florida as follows:	sworn by me an officer a	authorized to	take oaths and make acknowledgments in
· ·	•		nent, it is important to consult an attorney or nstruction loan to finance the improvements
The Notice of Commencement s	hould not be filed before	the mortgag	e or construction loan is closed.
PAYING TWICE FOR THE BUIL	DING IMPROVEMENTS	S". NOTICE	RESULT IN THE PROPERTY OWNER OF COMMENCEMENT MUST BE FILED VIDED TO THE CITY OF EUSTIS PRIOR
Property Owners Signature		Date	
STATE OF FLORIDA, COUNTY Sworn to and subscribed befor by	e me this	day of	, 20
Personally Known OR Produced Identification Type of Identification Produced:			
			Signature of Notary Public - State of Florida
			Print, Type or Stamp Commissioned Name of Notary Public

### OWNER/BUILDER DISCLOSURE STATEMENT

F.S. Chapter 489, CONTRACTING; PART 1 CONSTRUCTION CONTRACTING (SS 489.103): State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor even though you do not have a license. You must supervise the construction yourself. You may build or improve a commercial building at a cost of \$75,000 or less. The building must be for your own use or occupancy. It may not be built for sale or lease. If you sell or lease a building you have built yourself within one year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. Any person working on your building who is not licensed must work under your supervision and must be employed by you, which means that you must deduct FICA and withholding tax and provide worker's compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

Section 6. Subsection (1) of Section 455.228 Florida Statutes - F.S. 455.228 Unlicensed practice of a profession; cease and desist notice; civil penalty; enforcement.-----

(1) When the department has probable cause to believe that any person not licensed by the department or the appropriate regulatory board within the department or the appropriate regulatory board within the department has violated any provision of this chapter or any stature that relates to the practice of a profession regulated by the department, or any rule adopted pursuant thereto, the department may issue and deliver to such person a *notice to cease and desist* from such violation. In addition, the department may issue and deliver a notice to cease and desist to any person who aids and abets the unlicensed practice of a profession by employing such unlicensed person. For the purpose of enforcing a cease and desist order, the department may file a proceeding in the name of the state seeking *issuance of an injunction or a writ of mandamus* against any person who violates any provisions of such order. In addition to the foregoing remedies, the department may impose an administrative penalty not to exceed \$5,000.00 per incident, pursuant to F.S. 120.58, it shall be entitled to collect its attorney's fees and costs, together with any cost of collection.

FLORIDA BUILDING CODE 2020, BUILDING 105.3.6 ASBESTOS REMOVAL: State law requires asbestos abatement to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own asbestos abatement contractor even though you do not have a license. You must supervise the construction yourself. You may move, remove or dispose of asbestos-containing materials on a residential building where you occupy the building and the building is not for sale or lease, or the building is a farm outbuilding on your property. If you sell or lease such building within one year after the asbestos abatement is complete, the law will presume that you intended to sell or lease the property at the time the work was done, which is a violation of this exemption. You may not hire an unlicensed person as your contractor. Your work must be done according to all local, state and federal laws and regulations which apply to asbestos abatement projects. It is your responsibility to make sure that people employed by you have licenses required by state aw and by county or municipal licensing ordinances.

Any person working on your building who is not licensed must work under your supervision and must be employed by you, which means that you must deduct FICA and withholding tax and provide worker's compensation for that employee, all as prescribed by law.

ANY PERSON WHO AIDS AND ABETS UNLICENSED CONTRACTORS OR SUBCONTRACTORS WILL FACE IMPOSED PENALTIES AS PROVIDED BY LAW.

5. I understand that, as the owner/builder, I must provide direct, onsite supervision of the construction.	OWNER INITIAL
4. I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may a building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy improved for sale or lease. If a building or residence that I have built or substantially improved myself is so construction is complete, the law will presume that I built or substantially improved it for sale or lease	. It may not be built or substantially ld or leased within 1 year after the
3. I understand that, as an owner/builder, I am the responsible party of record on a permit. I understand that financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my or contractor is required by law to be licensed in Florida and to list his or her license numbers on permits and contractor.	wn name. I also understand that a
2. I understand that building permits are not required to be signed by a property owner unless he or she is respond hiring a licensed contractor to assume responsibility.	onsible for the construction and is OWNER INITIAL
1. I understand that state law requires construction to be done by a licensed contractor and have applied for exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own even though I do not have a license.	

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	as my contractor or to supervise persons working on my building or residence. The the licenses required by law and by county or municipal ordinance.  OWNER INITIAL	t is
implies that the property owner is providing his or her own labor financial risk for any injuries sustained by an unlicensed person	rsons to have the property owner obtain an owner/builder permit that erroned or and materials. I, as an owner/builder, may be held liable and subjected to set or his or her employees while working on my property. My homeowner's insuring as an owner/builder and am aware of the limits of my insurance coverage OWNER INITIAL	rious ance
being done. Any person working on my building who is not lice	supervising work to a licensed contractor who is not licensed to perform the ensed must work under my direct supervision and must be employed by me, work federal income tax and social security contributions under the Federal Insulansation.  OWNER INITIAL	which rance
	ole for this proposed construction activity, I will abide by all applicable lawsers. I also understand that the construction must comply with all applicable I OWNER INITIAL	aws,
Small Business Administration, the Florida Department of Fina	ny obligations as an employer from the Internal Revenue Service, the United Strancial Services, and the Florida Department of Revenue. I also understand twww.dbpr.com for more information about licensed contractors.  **OWNER INITIAL**  **Description: The United Strain Services are understanded in the Internal Revenue Services, the United Strain Services, and the Internal Revenue Service, the United Strain Services, and the Internal Revenue Service, the United Strain Services, and the Internal Revenue Service, the United Strain Services, and the Internal Revenue Service, the United Strain Services, and the Internal Revenue Service, the United Strain Services, and the Internal Revenue Services, and the Internal Revenue Services, the United Strain Services and Internal Revenue Services, the United Services and Internal Revenue Service	that I
11. I am aware of, and consent to, an owner/builder building	g permit applied for in my name and understand that I am the party legally a	and
financially responsible for the proposed construction activity	,	
	OWNER INITIAL	—
12. I agree to notify the Building Department, immediately of any athis disclosure.	additions, deletions, or changes to any of the information that I have provided or <b>OWNER INITIAL</b>	
Construction Industry Licensing Board and Department of Bus loss that you sustain as a result of a complaint. Your only remed to understand that if an unlicensed contractor or employee of ar	otect the public. If you contract with a person who does not have a license siness and Professional Regulation may be unable to assist you with any final advantage and a unlicensed contractor may be in civil court. It is also important for individual or firm is injured while working on your property, you may be held to hire a licensed contractor, you will be responsible for verifying whether's workers' compensation coverage.	ncial r you liable
	the undersigned, have read the preceding and understand the responsibility above Florida Statutes, will abide by the laws governing the municipality has	
municipality having jurisdiction codes and building regulations. I corrections and call for a re-inspection before proceeding. I under	work proposed, and I assume full responsibility for familiarizing myself with a In the event a building inspector requires corrections to be made, I will make inderstand the Building Department is not responsible for instructing me on what it is not requesting and obtaining, Final Inspection Approval prior to engaging	such nat to
STATE OF FLORIDA, COUNTY OF	SIGNATURE OF OWNER/BUILDER AND DATE	
I HEDERY CERTIEV that on this day, before me on this	day of	od in
the State and County aforesaid to take acknowledgement	day of,, an officer duly authoriz ts, personally appeared who is perso	nallv
	as identification and who did/did not take an oath.	
	NOTARY PUBLIC	
	INCIDALLO	

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	and Return to:	Prepared by:		<b></b>		
	0.:			Name		
Key No.	o/Parcel ID:				-	
		NOTI	CE OF CO	OMMENCEME	NT	
State of	Florida			of		
		y gives notice that improvent information is provided in the			roperty, and in accordance with Chapte	r 713, Florida
1.		perty: (Legal description			-	
2.	General Description	of Improvement:				
3.	Owner Information Address:	n: Name:	_City:		State	
	Interest in Propert Name and Address	y:	other than ow	ner):		
4.	Contractor:Name:_		City:		State	
	Phone No			_ Fax No		
5.	Surety: Name:		Cit.		Amount <b>of</b> Bond \$ State	
	Phone No.		_ City:	_ Fax No	State	
6.						
	Phone No.		_ City:	_ Fax No	State	
7.	Persons within the Section 713.13(1)(	State of Florida designated (a)(7). Florida Statutes:	d by Owner u	pon whom notices	or other documents may be served as	s provided by
	Phone No.		_ City	Fax No.		
B.	In addition to himse	elf or herself, Owner design	nates	of_		
		the Lienor's Notice as provi		. , , ,		
9.		Notice of commencement		on date is 1 year fr	om the d ate of recording unless a diff	erent date is
PAY CAN A NO SITE CON	RATION OF MENTS UNDINGESULT IN NOTICE OF CO	THE NO TICE OF ER CHAPTER 713 YOUR PAYING TV MMENCEMEN T IE FI RST INSPE	COMM I B, PART WICE FO MUST B CTION. R AN A	ENCEMENT 1, SEC 713. R IMPROVI E RECORDE IF YOU INT	BY THE OW NER AFT ARE CONSIDERED IMP .13, FLORIDA STATUTE EMENTS TO YOUR PRO ED AND POSTED ON TH FEND TO OBTAIN FINAN BEFORE COMMENCING	PROPER ES, AND PERTY. IE J OB ICI NG,
Signatu	re of Owner or Owner	's Authorized Officer/Director	/Partner/Man	ager		
-	ry's Title/Office Florida, County of			<del></del>		
	· · · · ·	_	nis	day <b>of</b>	, 20_ by ��-	" as
	fauthority e.g. office	trustee atterney in fact)	for	(Name of party or	, 20_ by	4/
		irusice, allorriey irriact)				<del></del>
-	e of Notary ly knownOR Proc	luced Identification Ty	pe of Identificati		e or Stamp Name of Notary	
Verifica	tion pursuant to Sectio			· · · · · · · · · · · · · · · · · · ·	that I have read the foregoing and that th	e facts stated
Signatu	re of Natural Person Sig	gning Above				

### **Product Approval Statewide**

The implementation date for the Florida Product Approval System was October 1, 2003. Rule 9B-72 of the Florida Building Commission establishes a higher standard of practice for product evaluations, as well as uniformity and consistency of enforcement statewide.

The Rule covers the following eight categories of products: (Items in parentheses are examples of sub-categories of products specific functionality, but are not limited to these examples)

- 1. **Exterior Doors** (rollup, sectional, sliding, swinging, automatic or other)
- 2. **Windows** (awning, casement, dual action, double hung, single hung, fixed, horizontal slider, projected, pass through, mullions, wind breaker or other)
- 3. **Panel Walls** (siding, soffits, exterior insulation finish system (EIFS), storefronts, curtain walls, wall louver, glass block, membrane, greenhouse, or other)
- 4. Roofing Products (built up roofing, modified bitumen roof system, single ply roof systems, spray applied polyurethane roof system, roofing fasteners, roofing insulation, asphalt shingles, wood shingles and shakes, roofing slate, roof tile adhesives, cement-adhesives-coatings, liquid applied roof systems, underlayments, non-structural metal roofing, roofing tiles, waterproofing or other)
- 5. **Shutters** (accordion, bahama, storm panels, colonial, roll-up, equipments or other)
- 6. **Skylights** (skylight or other)
- 7. **Structural Components** (truss plates, wood connectors, anchors, coolers-freezers, sheds, concrete admixtures, insulation forms, engineered lumber, material, plastics, wall, deck-roof, railing or other)
- 8. Products Comprising a Building's Envelope Introduced as a Result of New Technology(as applicable)

The product approval system includes a statewide website for submittal of applications and payment of fees for statewide product approvals. In addition, a database is available to search a list of approved entities and products approved for state wide use. For more information on statewide product approval and the Florida Building Code, visit <a href="www.floridabuilding.org">www.floridabuilding.org</a> or call the Florida Department of Community Affairs at (850) 487-1824 or (877) FLA-DCA-2 and ask to speak to someone in the Codes and Standards Section.

# PRODUCT APPROVAL SPECIFICATION SHEET

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and approval numbers on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. Statewide approved products are listed online at <a href="https://www.floridabuilding.org">www.floridabuilding.org</a>.

Category/Subcategory	Manufacturer	Product Description	Approval Number(s)
1. EXTERIOR DOORS			
A. SWINGING			
B. SLIDING			
C. SECTIONAL/ROLL UP			
D. OTHER			
D. OTHER			
2. WINDOWS			
A. SINGLE/DOUBLE HUNG			
B. HORIZONTAL SLIDER			
C. CASEMENT			
D. FIXED			
E. MULLION			
F. SKYLIGHTS			
G. OTHER			
G. OTHER			
3. PANEL WALL			
A. SIDING			
B. SOFFITS			
C. STOREFRONTS			
D. GLASS BLOCK			
E. OTHER			
E. UTHER			
4 POOFING PROPILICAS			
4. ROOFING PRODUCTS A. ASPHALT SHINGLES			
B. NON-STRUCT METAL			
C. ROOFING TILES			
D. SINGLE PLY ROOF			
E. OTHER			
F OTPHOT COMPONENTS			
5. STRUCT COMPONENTS			
A. WOOD CONNECTORS			
B. WOOD ANCHORS			
C. TRUSS PLATES			
D. INSULATION FORMS			
E. LINTELS			
F. OTHERS			
6. NEW EXTERIOR			
A. ENVELOPE PRODUCTS			

he products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of
nese products, the following information must be available to the inspector on the jobsite; (1) copy of the product approval (2)
erformance characteristics which the product was tested and certified to comply with (3) copy of the applicable manufacturer's
stallation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated
uring inspection.

APPLICANT SIGNATURE DATE Plan 3 – Jan 2020