

Place received stamp here

PRODUCT APPROVAL FORM

City of Daytona Beach

Provide **2 COPIES** of this completed form.

Jobsite Address _____ Contact Name _____

Phone _____ Email _____

Wind Exposure	B <input type="checkbox"/>	(Check one)	C <input type="checkbox"/>	D <input type="checkbox"/>	Not Sure <input type="checkbox"/>	(Check one)	Partially Enclosed <input type="checkbox"/>	Enclosed <input type="checkbox"/>
Wind Borne Debris Area (Check one if within 1 mile of the coast)								
Impact Resistant <input type="checkbox"/>	Shutters (Plywood) <input type="checkbox"/>	Shutters (other type) <input type="checkbox"/>	Less than 25% <input type="checkbox"/>	Not Applicable <input type="checkbox"/>				

Type	Manufacturer	Model/Series	Florida or Miami-Dade Product Approval Number
Exterior Doors			
Swinging			
“			
“			
Sliding			
Overhead (Garage)			
Windows			
"			
"			
"			
"			
"			
"			
Siding			
Soffit/Fascia			
Roof Underlayment			
Roof Underlayment			
Shingles			
Flat Roof Material			
Shutters			
Other _____			
Other _____			
Other _____			

Please Read

**MANUFACTURER SPECIFICATION AND INSTALLATION SHEETS
MUST BE POSTED AT THE JOBSITE.**