

I. Sufficiency Review

Manufacturer Name: SIMONTON WINDOWS

Model Number(s): 08-09 SERIES

Contact Name & Number: JEANA RUPERT 407-767-8011

Please ensure the following are contained in your submittal:

- X Two (2) signed and sealed engineered installation details.
- X One (1) signed and sealed test report.
- X One (1) signed and sealed engineered calculations for alternate fastening method, if applicable.

II. Governmental Product Approval:

<u>Agency</u>	<u>Initials/Date</u>	<u>Agency</u>	<u>Initials/Date</u>
Brevard, County of	_____	Melbourne, City of	_____
Cape Canaveral	_____	Mt. Dora, City of	_____
Cocoa Beach, City of	_____	Orange, County of	<u>ACP 6/02/02</u>
Eustis, City of	_____	Port Orange, City of	_____
Indialantic, City of	_____	Rockledge, City of	_____
Indian Harbour, City of	_____	Satellite Beach, City of	_____
Lake, County of	_____	Seminole, County of	_____
Lake Mary, City of	_____	Tavares, City of	_____
Leesburg, City of	_____	Titusville, City of	_____
Maitland, City of	_____	West Melbourne, City of	_____
Malabar, City of	_____	Winter Park, City of	_____
Melbourne Beach, City of	_____		