

I. **Sufficiency Review**

Manufacturer Name: SPECIALTY WINDOWS

Model Number(s): 1400 SERIES WINDOW

Contact Name & Number: JERRY DECKER (800) 662-6648

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	_____
Eustis, City of	_____	Port Orange, City of	_____
Indianalantic, 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	_____		