



Orange County Division of Building Safety

Phone : 407-836-2852 ♦ Fax : 407-836-5564

www.ocfl.net/building

Application for Residential Replacement Overhead Garage Door Permit

Permit Number: B \_\_\_\_\_

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Garage Door Loads for a Building with a Mean Roof Height of 30 Feet Located in Exposure B Table R301.2 (4) FBCR 2004 with 2006 Supplement Basic Wind Speed <120 mph—3 second gust

Roof Angle > 10 Degrees Effective Area:

Width 9' Height 7' Positive Pressure 22.8 Negative Pressure - 25.8
Width 16' Height 7' Positive Pressure 21.8 Negative Pressure - 24.3

Work Type: 02 Construction Type: 029 Occupancy Group: License Number:

Tax I.D. #: Sec: Twp: Rng: Sub: B&L: Zoning Class:

Project Address: Suite/Unit:

City: State: Zip: Lien:

Property Owner: Phone: ( )

Address: City: State: Zip:

Occupancy Group: R-3 Permit Type: B Work Category: E Nature of Work: Replacement only
Plan Format: on site (reference product approval information below)

Special Considerations: Fill in required information below.

Florida/ Miami Dade product approval number: Product Manufacturer:

Category: Description installation Number:

Contract Value: \$ \_\_\_\_\_

Building Department Fee: \$ \_\_\_\_\_ Date Issued: \_\_\_\_\_ By: \_\_\_\_\_

Permit valuation exceeding \$2499 requires a notarized page 2, and NOC, and the contractor needs to personally appear.

I hereby make application for permit as outlined above, and if same is granted, I agree to conform to all Division of Building Safety regulations and County ordinances regulating same. The issuance of this permit does not grant permission to violate any applicable Orange County and/or State of Florida codes and/or ordinances.

Printed Contractor's name: \_\_\_\_\_

Contractor's Signature \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ who is personally known to me or \_\_\_\_\_ who produced \_\_\_\_\_ as identification and who did not take oath.

State of Florida
County of Orange

Seal

Notary Signature \_\_\_\_\_