

Subject: Broward County Uniform Retrofit Window & Door Schedule

Policy

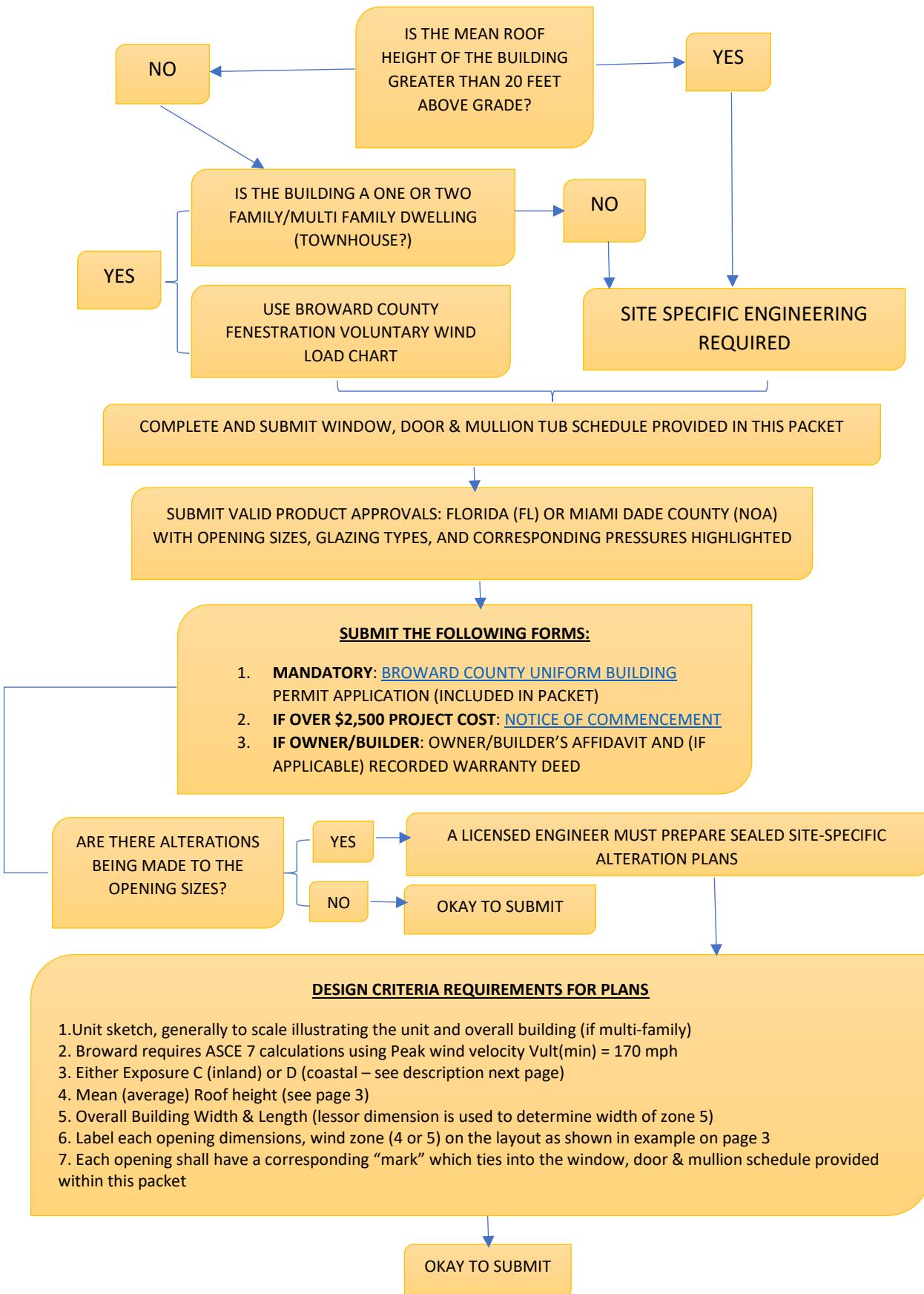
Each permit application for a window and door replacement “retrofit,” shall be submitted to all jurisdictions in Broward County using the attached “Broward County Uniform Retrofit Window & Door Schedule.

This form does not relieve the permit holder, building owner or contractor from complying with all and any applicable local regulations or ordinances related to zoning, building, fire prevention, etc.; or prohibits a Broward County jurisdiction from requiring additional information to be provided in relation to applicable local regulations or ordinances related to zoning, building, fire prevention, etc.

Use of the “**Broward County Uniform Retrofit Window & Door Schedule*” is mandatory countywide starting July 1. 2020.

**Uniform Retrofit Window & Door Schedule attached.*

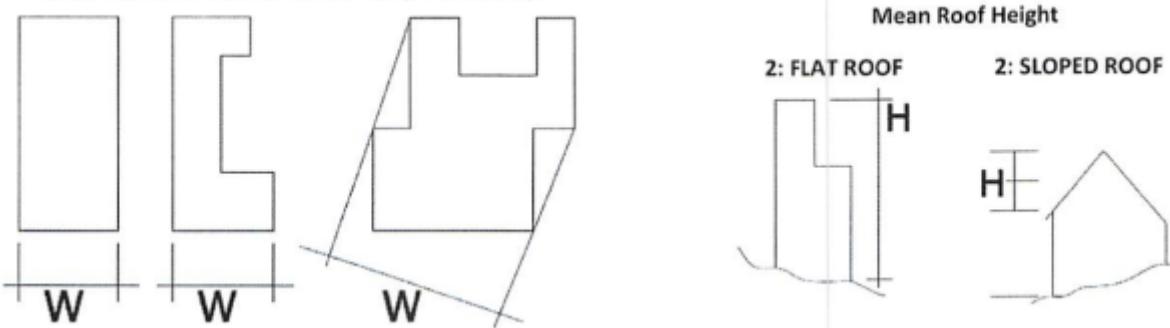
INSTRUCTION FLOWCHART



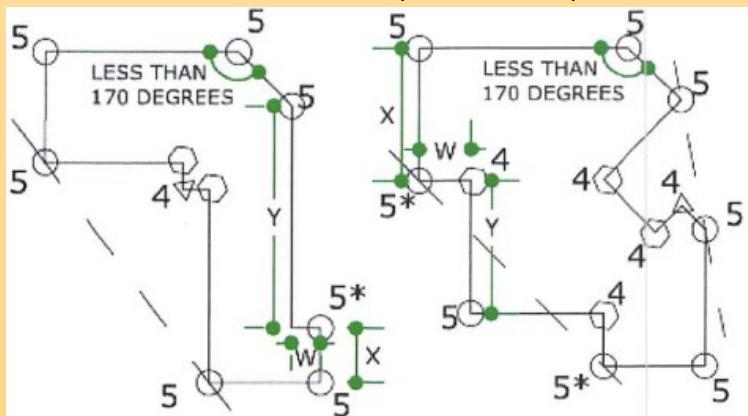
SITE SPECIFIC LAYOUT GUIDE INSTRUCTIONS

1. Exposure C: All of Broward County. The "Broward County Fenestration Voluntary Wind Load Chart" included within this packet can be used for all detached one & two story dwellings and multiple single-family dwellings (townhomes).
2. Exposure D: A structure that's within 600' or 20X building height of a flat area/body of water that's a mile long. Generally all areas east of the Intercoastal Waterway. Wind load pressures must be completed by a licensed design professional for all structures.
3. Mean Roof Height ("h"): Average between the lowest and the highest roof point of a sloped roof, also the highest point of a flat roof (also see page 3).
4. Minimum Building Width: 10% of least horizontal dimension (W) or 0.4h, whichever is smaller, but not less than either 4% of least horizontal dimension of 3 ft minimum.

MIN. BUILDING WIDTH EXAMPLES (PLAN VIEW):



ZONE EXAMPLES (PLAN REVIEW)



- INDICATES BUILDING CORNER DISCONTINUITY (ZONE 5)
- △ INDICATES AN OBSTRUCTED EXTERIOR CORNER (ZONE 4)
- INDICATES A TYPICAL INTERIOR CORNER (ZONE 4)

NOTE: The corner designated by an "would not be considered a corner if dimension W is less than half the width of the corner zone and dimension X and Y are greater than the width of a corner zone.

170 degrees:

An unobstructed exterior corner with an interior angle of less than 170 degrees would be considered a corner zone.

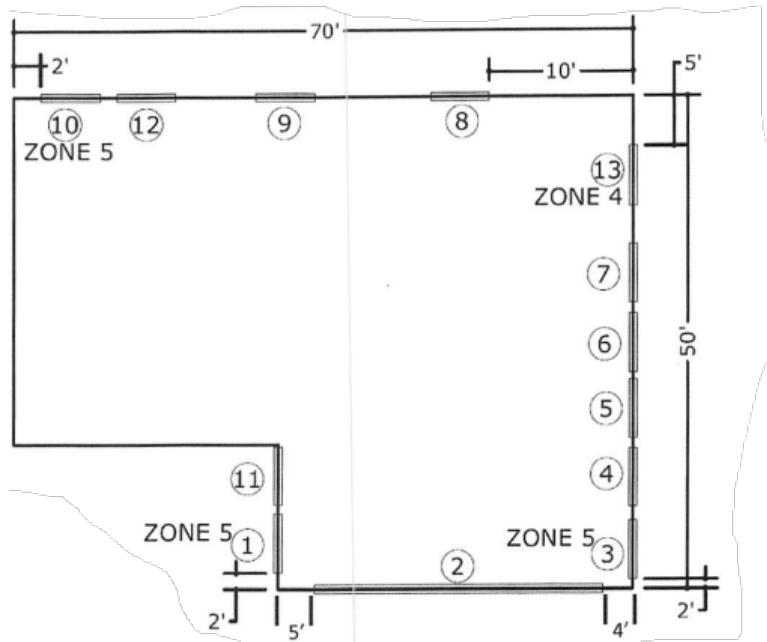
See page 3 for example on how to calculate the zone dimensions of a building.

SITE SPECIFIC LAYOUT GUIDE INSTRUCTIONS

Minimum Sketch Requirement

Zone determinations:

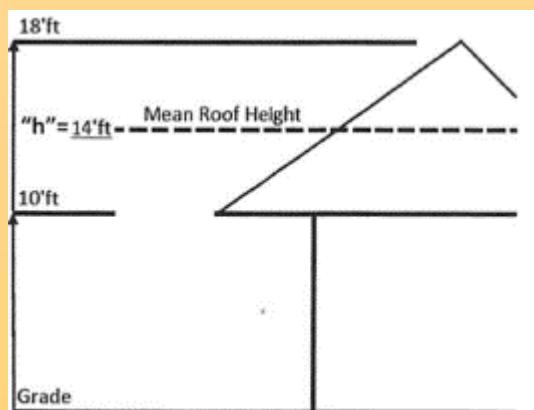
1. Zone (corner zone) in this example is calculated as 5 ft in width, any opening within 5 ft of an outside unobstructed corner would be considered in Zone 5.
2. In this example, openings 1, 2, 3, & 10 are located in a Zone 5 (corner zone).
3. All other openings would be considered Zone 4 (interior zone).



ZONE CALCULATIONS:

Zone 5 = $.10 \times$ least horizontal dimension
($50 \text{ ft} \times .10 = 5 \text{ ft}$) or $.4 \times "h"$ ($14 \text{ ft} \times 0.4 = 5.6 \text{ ft}$)
whichever is smaller, but not less than either 4% of the least horizontal dimension ($50 \text{ ft} \times 4\% = 2 \text{ ft}$) or 3 ft.

Zone 5 (corner zone) would be 5 ft wide.
All others would be Zone 4.



Next Steps:

- Complete Window & Door Schedule included within this packet.
- Submit all forms to your local building department according to their instructions.
- The local building department may require additional documentation.

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Revised 11-17-2022

Select One Trade: Building Electrical Plumbing Mechanical Other

Application Number: _____ Application Date: _____

Job Address: _____ Unit: _____ City: _____

Tax Folio No.: _____ Flood Zn: _____ BFE: _____ Floor Area: _____ Job Value: _____

Building Use: _____ Construction Type: _____ Occupancy Group: _____

1 Present Use: _____ Proposed Use: _____

Description of Work: _____

New Addition Repair Alteration Demolition Revision Other: _____

Legal Description: _____ Attachment

2 Property Owner: _____ Phone: _____ Email: _____

Owner's Address: _____ City: _____ State: _____ Zip: _____

3 Contracting Co.: _____ Phone: _____ Email: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Qualifier's Name: _____ Owner-Builder License Number: _____

4 Architect/Engineer's Name: _____ Phone: _____ Email: _____

Architect/Engineer's Address: _____ City: _____ State: _____ Zip: _____

Bonding Company: _____

Bonding Company's Address: _____ City: _____ State: _____ Zip: _____

Fee Simple Titleholder's Name (*If other than the owner*): _____

Fee Simple Titleholder's Name
(*If other than the owner*): _____ City: _____ State: _____ Zip: _____

Mortgage Lender's Name: _____

Mortgage Lender's Address: _____ City: _____ State: _____ Zip: _____

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Job Address: _____ Unit: _____ City: _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

<p>X _____ Signature of Property Owner or Agent (Including Contractor)</p> <p>STATE OF FLORIDA COUNTY OF _____</p> <p>Sworn to (or affirmed) and subscribed before me by means of ____ physical presence or ____ online notarization, this ____ day of _____, 20____ by (Type/Print Property Owner or Agent Name)</p> <p>NOTARY'S SIGNATURE as to Owner or Agent's Signature</p> <p>Notary Name _____ (Print, Type or Stamp Notary's Name)</p> <p>Personally Known _____ Produced Identification _____ Type of Identification Produced _____</p>	<p>X _____ Signature of Contractor</p> <p>STATE OF FLORIDA COUNTY OF _____</p> <p>Sworn to (or affirmed) and subscribed before me by means of ____ physical presence or ____ online notarization, this ____ day of _____, 20____ by (Type/Print Property Owner or Agent Name)</p> <p>NOTARY'S SIGNATURE as to Qualifier's Signature</p> <p>Notary Name _____ (Print, Type or Stamp Notary's Name)</p> <p>Personally Known _____ Produced Identification _____ Type of Identification Produced _____</p>
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APPROVED BY: _____ Permit Officer _____ Issue Date: _____ Code in Effect: _____
FOR OFFICE USE ONLY FOR OFFICE USE ONLY FOR OFFICE USE ONLY

A jurisdiction may use a supplemental page requesting additional information and citing other conditions, please inquire.

Note: If any development work as described in FS 380.04 Sec. 2 a-g is to be performed, a development permit must be obtained prior to the issuance of a building permit.

NAME: _____ SITE ADDRESS: _____ CONTACT #: _____

1	2	3	4	5	6	7	8	9	10								
OPENING LOCATION ID	PRODUCT ACCEPTANCE NUMBER	PRODUCT APPROVAL PRESSURE RATING	REQUIRED DESIGN PRESSURE	OPENING SIZES	ZONE LOCATION	Impact Glazing	OPENING HAS EXISTING SHUTTERS	NEW SHUTTERS REQUIRED	MULLION TUBES REQUIRED								
		(+) PSF	(-) PSF	(+) PSF	(-) PSF	WIDTH X HEIGHT IN INCHES	AREA IN SQ FEET	4 INTER	5 END	YES	NO	YES	NO	YES	NO	YES	NO
					X												
					X												
					X												
					X												
					X												
					X												
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					X												
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IDENTIFY OPENINGS ALPHABETICALLY OR NUMERICALLY ON ELEVATION SHEETS.

IDENTIFY VERTICALLY STACKED GLASS IN THE SAME OPENINGS FROM BOTTOM TO TOP WITH SUB NUMBERS (Example: A, A1, A2, ETC.).

Broward County Fenestration Voluntary Wind Load Chart*

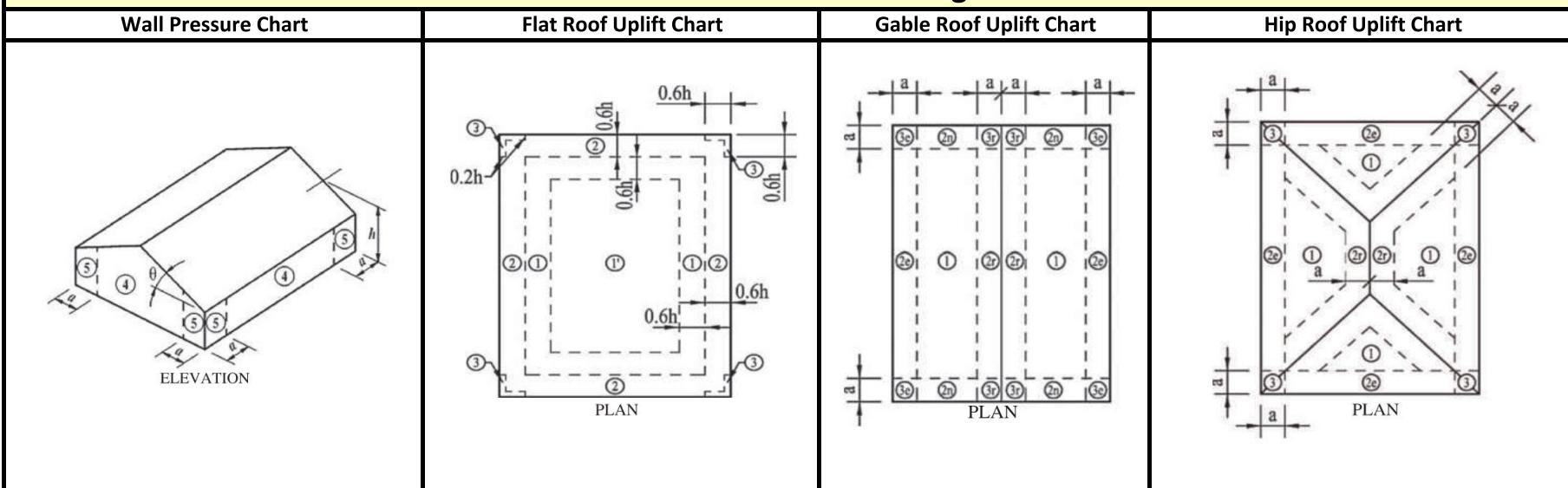
Per ASCE 7-16 Part 1 and FBC (2020) for Retrofitting in Accordance with Formal Interpretation #24

For Detached One-and Two family dwellings and Multiple Single-Family Dwellings (Townhouses) with Mean Roof Height ≤ 30 feet

Wind 170 mph (3-second gust) / Exposure C** / $K_d = 0.85$ / $K_{zt} = 1.0$ / Pressures are in PSF / Not for use in Coastal (Exposure 'D' areas)

* Using Allowable Stress Design methodology ($P = 0.6w$) / ** Exposure C or D shall be determined according to ASCE 7-16 Section 26.7 (Exposure Categories)

Roof and Wall Zone Chart Diagrams



Instructions on how to use these Charts: Determine Mean Roof Height, h , which is top of roof for flat roofs or the mean roof height for pitched roofs. Find your least horizontal dimension for your building, not including a overhang if it occurs. Calculate the value of, a , = 10% of least horizontal dimension or $0.4*h$, whichever is smaller, but not less than either 4% of least horizontal dimension or 3 feet. If your roof height is less than 30 feet, but not exactly 15, 20, or 25 feet, you will need to go to the next higher roof height. If your Mean Roof Height is higher than 30 feet, these charts do not apply. Review the diagram which illustrate the wall and roof zones and determine the wind zone in which the component is located. Determine the tributary area of the component. If the tributary area falls in between values, use the value of the smaller tributary area. Select the positive and negative wind pressures corresponding to the wall or roof zone where your component is located. Door pressures shown are for the most common door sizes and are worst case for heights ≤ 30 Feet.

Wall Pressure For All Roof Types												Garage/Door Pressures					
Mean Roof Height	15 Ft						20 Ft						<= 30 Ft				
Tributary Area	10	20	35	50	100	500	10	20	35	50	100	500	Effective Wind Area	Width	Height	Positive	Negative
Wall Positive Pressure	38.0	36.2	34.9	34.0	32.3	28.3	40.3	38.5	37.0	36.1	34.3	30.1					
Zone 4 Negative Pressure	-41.2	-39.5	-38.1	-37.2	-35.5	-31.5	-43.7	-41.9	-40.5	-39.5	-37.7	-33.5	8	8	38.6	-48.2	
Zone 5 Negative Pressure	-50.8	-47.4	-44.6	-42.9	-39.5	-31.5	-54.0	-50.4	-47.4	-45.6	-41.9	-33.5	10	10	37.4	-45.7	
Mean Roof Height	25 Ft						30 Ft						14	14	35.4	-41.8	
Tributary Area	10	20	35	50	100	500	10	20	35	50	100	500	9	7	38.7	-48.3	
Wall Positive Pressure	42.3	40.4	38.8	37.8	35.9	31.5	43.9	41.9	40.3	39.3	37.3	32.8	16	7	37.0	-45.0	
Zone 4 Negative Pressure	-45.8	-43.9	-42.4	-41.4	-39.5	-35.1	-47.6	-45.7	-44.1	-43.1	-41.1	-36.5	3	7	41.8	-54.6	
Zone 5 Negative Pressure	-56.6	-52.8	-49.7	-47.8	-43.9	-35.1	-58.8	-54.7	-51.7	-49.6	-45.7	-36.5	6	7	39.8	-50.6	