



City of North Miami

SHUTTER PERMIT SUBMITTAL REQUIREMENTS

CHECKLIST

In order to perform a uniform and consistent review of shutter permit applications, as a minimum, the following documents are required to be submitted:

- _____ 1. Complete permit application.
- _____ 2. In accordance with the Product Control Notice of Acceptance, submit two (2) copies of the following:
 - a. Product Control Notice of Acceptance for each proposed shutter,
 - b. Highlight size and attachment,
 - c. Completely dimensioned elevation drawing showing size and location, including height above grade of openings to receive shutter, mean roof height, length and width of building.
- _____ 3. For each opening shown on the elevation drawing, indicate the Product Control Notice of Acceptance (NOA) number for the proposed shutter and size.
- _____ 4. For each opening shown on the elevation drawing, indicate the calculated negative and positive wind pressures in accordance with ASCE-7-98 (required for 3 stories or more).
- _____ 5. For each opening shown on the elevation drawing, indicate impact resistance device (shutter type--accordion, etc.), which must comply with FBC 2004 HVZ.
- _____ 6. Any modification that requires rational analysis to the product control must be approved by Chief Code Compliance Officer.
- _____ 7. Condominiums and townhouses require Association approval.

PERMIT APPLICATION FOR MUNICIPALITIES OF DADE COUNTY (NORTH MIAMI)

Date _____ Job Address _____ Tax Folio _____
 Legal Description _____ Master Permit # _____
 Owner _____ Tenant _____
 Owner's Address _____ Day-Time Phone _____
 Contracting Co. _____ Address _____
 Qualifier _____ SS# _____ - _____ - _____ Phone _____
 State # _____ Competency # _____ Ins. Co. _____
 Architect/Engineer _____ Address _____
 Bonding Company _____ Address _____
 Mortgagor _____ Address _____

Permit Type: ROOFING BUILDING ELECTRICAL PLUMBING MECHANICAL PAVING
 FENCE SIGN DOCK PAINT SHED POOL

Application is hereby made for a permit to do work & installation as indicated. I understand that separate permits are required for Electrical, Plumbing, Signs, Pools, Roofing, & Mechanical work.

WORK DESCRIPTION: Circle One of the following: COMMERCIAL RESIDENTIAL

Square Ft. _____ Estimated Cost _____

WARNING TO OWNER: YOU MUST RECORD A NOTICE OF COMMENCEMENT AND YOUR FAILURE TO DO SO MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING THE NOTICE. A BACKFLOW PREVENTION DEVICE PERMIT AND CERTIFICATION TEST MAY BE REQUIRED IN ACCORDANCE WITH ORDINANCE #825. CALL THE PUBLIC WORKS DEPT. AT (305) 787-1001 OR VISIT THEIR OFFICE AT 1815 NE 150 ST.

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. Furthermore, I authorize the above-named contractor to do the work stated.

Signature of Property Owner or Condo President

Signature of Contractor

ADMINISTERED OATH
SWORN TO & SUBSCRIBED BEFORE ME THIS
____ DAY OF _____, 200____.

ADMINISTERED OATH
SWORN TO & SUBSCRIBED BEFORE ME THIS
____ DAY OF _____, 200____.

Signature of NOTARY to Onwer/Condo President
(Print, Type, or Stamp Commissioned Name)

Signature of NOTARY to Contractor
(Print, Type, or Stamp Commissioned Name)

Personally Known _____ or Produced I.D. _____

Personally Known _____ or Produced I.D. _____

Type of I.D. produced _____

Type of I.D. produced _____

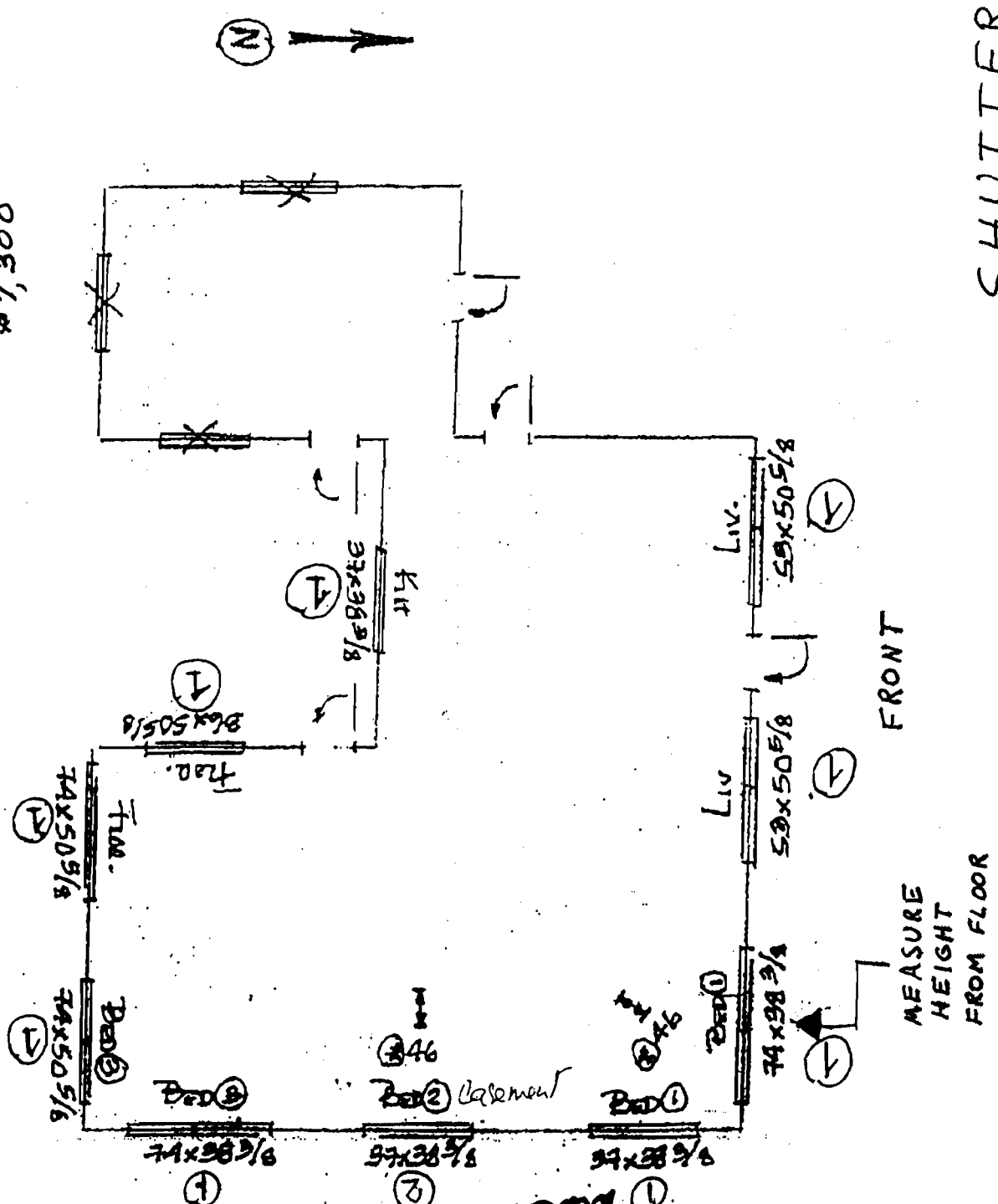
FEE _____ Zoning _____ Building _____ Electrical _____
 _____ Mechanical _____ Plumbing _____ Engineering _____

THIS APPLICATION IS VALID FOR 90 DAYS FROM DATE RECEIVED. APPLICATION AND ALL ATTACHMENTS WILL BE DESTROYED AFTER THAT DATE IF PERMIT IS NOT ISSUED.

ESTIMATE:

5266	SHUTTERS	
1600		} INSTALL
400		
<hr/>		\$7,300

ADDRESS:



SAMPLE

SHUTTERS

HIGHLIGHT
+
CIRCLE

Kd = 1.00

FLORIDA BUILDING CODE 2001

ASCE 7-98 WIND CODE

DESIGN WIND LOADS (LBS/SQFT)

FOR 146 MPH ZONE

Interior & Exterior Zones (4&5 - Walls) Positive Pressures
Exposure C For the 146 mph Wind Zone

Height (Maximum)	Effective Wind Area (or, Tributary Area) in Square Feet					
	10	20	30	40	50	60
10	1.00	0.95	0.92	0.89	0.86	0.86
15	54.7	52.3	50.8	49.8	49.0	48.4
20	58.0	55.3	53.8	52.7	51.9	51.2
25	60.5	57.8	56.2	55.1	54.2	53.5
30	63.1	60.3	58.6	57.4	56.5	55.8
40	61.0	64.0	62.2	60.9	60.0	59.2
50	70.2	67.0	65.2	63.9	62.8	62.0
60	72.8	69.5	67.6	66.2	65.2	64.3

Interior Zone (4 - Walls) Negative Pressures
Exposure C For the 146 mph Wind Zone

Height (Maximum)	Effective Wind Area (or, Tributary Area) in Square Feet					
	10	20	30	40	50	60
10	-1.10	-1.05	-1.02	-0.99	-0.98	-0.96
15	-59.4	-56.9	-55.5	-54.4	-53.6	-53.0
20	-62.9	-60.3	-58.7	-57.6	-56.8	-56.1
25	-65.7	-62.9	-61.3	-60.2	-59.3	-58.6
30	-68.5	-65.6	-63.9	-62.8	-61.9	-61.1
40	-72.6	-69.6	-67.9	-66.6	-65.6	-64.8
50	-76.1	-73.0	-71.1	-69.8	-68.8	-68.0
60	-78.9	-75.7	-73.7	-72.4	-71.3	-70.5

Exterior Zones (5 - Walls) Negative Pressures
Exposure C For the 146 mph Wind Zone

Height (Maximum)	Effective Wind Area (or, Tributary Area) in Square Feet					
	10	20	30	40	50	60
10	-1.40	-1.29	-1.23	-1.19	-1.15	-1.13
15	-73.3	-68.4	-65.5	-63.4	-61.8	-60.5
20	-77.6	-72.4	-69.3	-67.2	-65.5	-64.1
25	-81.0	-75.6	-72.4	-70.1	-68.4	-66.9
30	-84.5	-78.8	-75.5	-73.1	-71.3	-69.8
40	-89.7	-83.6	-80.1	-77.6	-75.7	-74.1
50	-94.0	-87.7	-84.0	-81.3	-79.3	-77.6
60	-97.4	-90.9	-87.0	-84.3	-82.2	-80.5

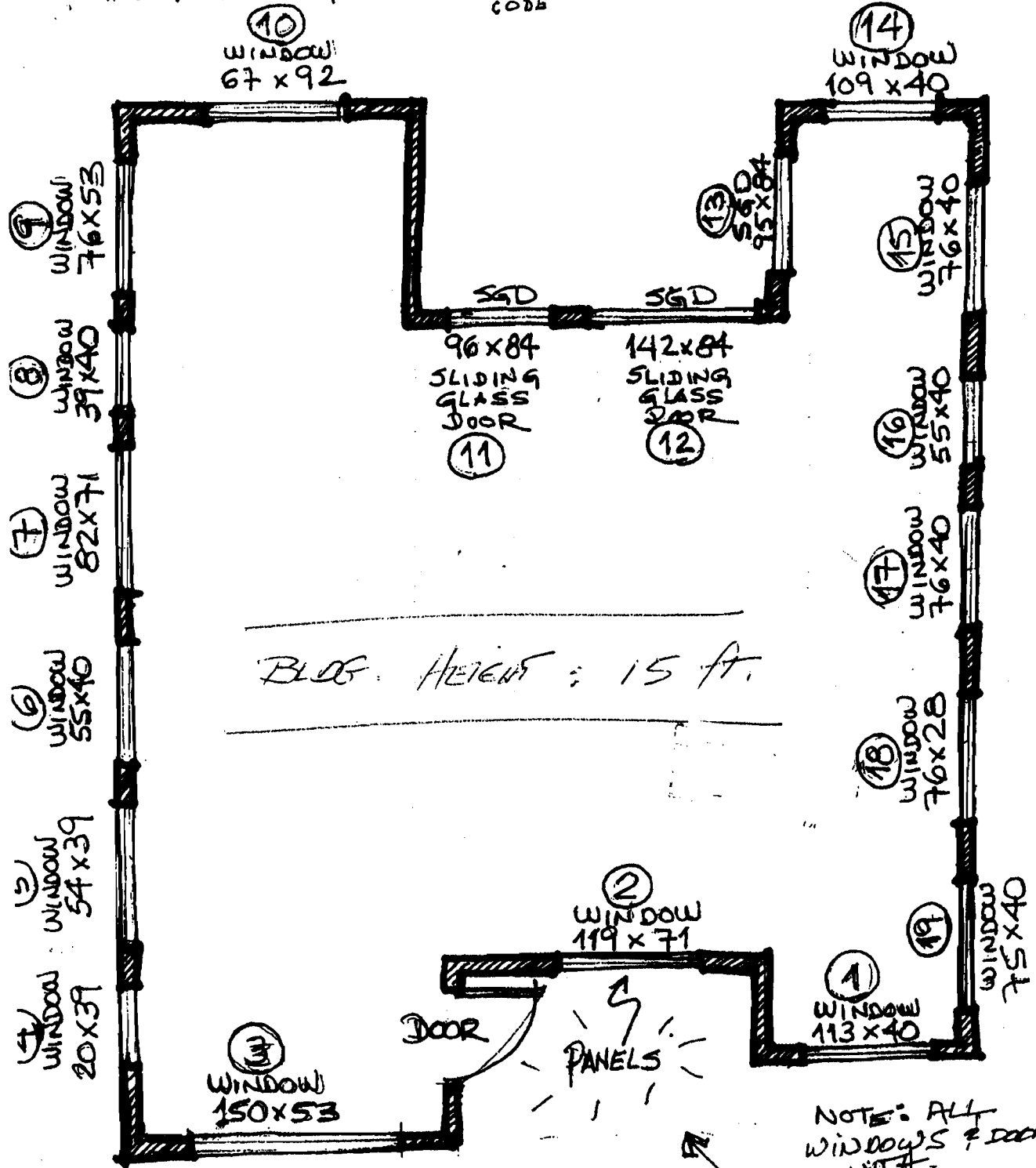
Length of End Zone (a): 10% of least horizontal dimension or .4 h, whichever is smaller, but not less than 4% of least horizontal dimension or 3 ft. (h = mean roof height in feet)

AN 8% REDUCTION OF LOADS SHOWN ABOVE MAY BE TAKEN FOR FLAT ROOFS.

SAMPLE

ADDRESS: _____
NORTH MIAMI, FLORIDA ZIP CODE

HOMEOWNER'S NAME: _____



SAMPLE

FRONT

OWNER-BUILDER AFFIDAVIT

DATE: _____

FROM: _____

License # _____

TO: City of North Miami
12340 NE 8 Avenue
North Miami, FL 33161
ATTN: Mr. John Jackson

Sir:

This letter will confirm that we shall not employ any workers on the following listed project other than myself and properly licensed and insured subcontractors.

Project Description: _____

Project Location: _____

North Miami, FL _____
ZIP

Signature

ADMINISTERED OATH
SWORN TO & SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 200____.

Signature of NOTARY

Print, Type, or Stamp Commissioned Name

Personally Known _____ or Produced I.D. _____

Type of I.D. produced _____