PRODUCT APPROVAL FORM

City of Daytona Beach

Jobsite Address _____ Contact Name _____

Phone _____ Email _____

Wind Exposure	B ☐	(Check one) C ☐	D ☐	Not Sure ☐	(Check one) Partially Enclosed ☐	Enclosed ☐	
Wind Borne Debris Area (Check one if within 1 mile of the coast)							
Impact Resistant ☐	Shutters (Plywood) ☐	Shutters (other type) ☐	Less than 25% ☐	Not Applicable ☐			

Type	Manufacturer	Model/Series	Florida or Miami-Dade Product Approval Number
Exterior Doors			
Swinging			
"			
"			
Sliding			
Overhead (Garage)			
Windows			
"			
"			
"			
"			
"			
"			
Siding			
Soffit/Fascia			
Roof Underlayment			
Roof Underlayment			
Shingles			
Flat Roof Material			
Shutters			
Other _____			
Other _____			
Other _____			

<u>Please Read</u>

MANUFACTURER SPECIFICATION AND INSTALLATION SHEETS MUST BE POSTED AT THE JOBSITE.