



# SHUTTER PERMIT CHECKLIST

Rev: 5 | Revision Date: 2/19/2024 | I.D. Number: SPC

## **Required Permit Applications:**

- [Building Permit](#)

## **Permit Review Stops:**

- Structural

## **Minimum Plan Submittal**

- Sketch showing the locations of the shutters
- [Wind load calculation forms](#)
- Miami-Dade County Notice of Acceptance (product approvals) obtained from point of purchase (please circle appropriate information instead of highlighting)
- [Owner-Builder Affidavit](#) – If the homeowner is acting as contractor (owner must provide proof of residency at job address and this affidavit must be signed before a Notary Public at the Building Department)
- A [Notice of Commencement](#) must be displayed at the job site at the time of your first inspection.

**\*Please note that this checklist is not intended to be all-inclusive. Due to changes in codes, regulations, and ordinances, other requirements may apply.**



# BROWARD COUNTY BOARD OF RULES AND APPEALS

## FBC 8<sup>TH</sup> EDITION (2023) FORMAL INTERPRETATION (#24)

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Plantation, Florida 33324

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Email: [rulesboard@broward.org](mailto:rulesboard@broward.org)  
[www.broward.org/CodeAppeals](http://www.broward.org/CodeAppeals)

### 2024 Voting Members

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**Vice-Chair Ron Burr,**  
Swimming Pool Contractor

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Electrical Engineer

**Mr. John Famularo,**  
Roofing Contractor

**Mrs. Shalanda Giles Nelson,**  
General Contractor

**Mr. Robert A. Kamm, P.E.,**  
Mechanical Engineer

**Mr. Daniel Lavrich, P.E., S.I.,**  
F.A.SCE, F.SEI, Structural Engineer

**Mr. Sergio Pellecer,**  
Fire Service Professional

**Mr. Daniel Rourke,**  
Master Plumber

**Mr. John Sims,**  
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**Mr. Dennis A. Ulmer,**  
Consumer Advocate

**Ms. Lynn E. Wolfson,**  
Disabled Community Representative

**Mr. Abbas H. Zackria, CSI,**  
Architect

### 2024 Alternate Board Members

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Electrical Engineer

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Fire Service Professional

**Mr. James Terry,**  
Master Plumber

**Mr. David Tringo,**  
Master Electrician


**Mr. Derek A. Wassink, P.E., R.A., S.I.,**  
S.T.S.2., Structural Engineer

**VACANT,**  
Roofing Contractor

**Board Attorney**  
Charles M. Kramer, Esq.

**Board Administrative Director**  
Dr. Ana Barbosa

— Established 1971 —

**DATE:** October 12, 2023  
**TO:** All Building Officials  
**FROM:** Dr. Ana Barbosa, Administrative Director   
**SUBJECT:** Retrofit of Windows, Doors, Garage Doors,  
and Shutters FBC Existing Building, Alteration Level

At its meeting on October 12, 2023, the Board approved an interpretation of Retrofit of Windows, Doors, Garage Doors, and Shutters for detached one- and two-family dwellings and multiple single-family dwellings (townhouses) with common roof height < 30 feet.

1. A Florida Professional Engineer or Architect may modify the buck or fasteners as specified in a Notice of Acceptance. Such modification must be documented with a signed and sealed letter or drawing.
2. To obtain the required design pressure for a specific opening at a specific site, an individual must utilize one of the following and submit documentation as indicated.
  - a) A site-specific plan (signed and sealed) by a Florida Professional Engineer or Architect indicating the location of all retro openings and the required design pressures.
  - b) A site-specific plan (not sealed) indicating the location of all retro openings accompanied by a worst-case design pressure chart (signed and sealed) prepared by a Florida P.E. or Architect.
  - c) A site-specific plan (not sealed) indicating the location of all openings and indicating the required design pressures based on the Broward County Fenestration Voluntary Wind Load Chart. (See attached chart).
3. Buildings with a (height) > 30 feet or more shall have a site-specific design (signed and sealed) by a Florida Professional Engineer or Architect, indicating the location of all retro openings and the required design pressures for each opening.

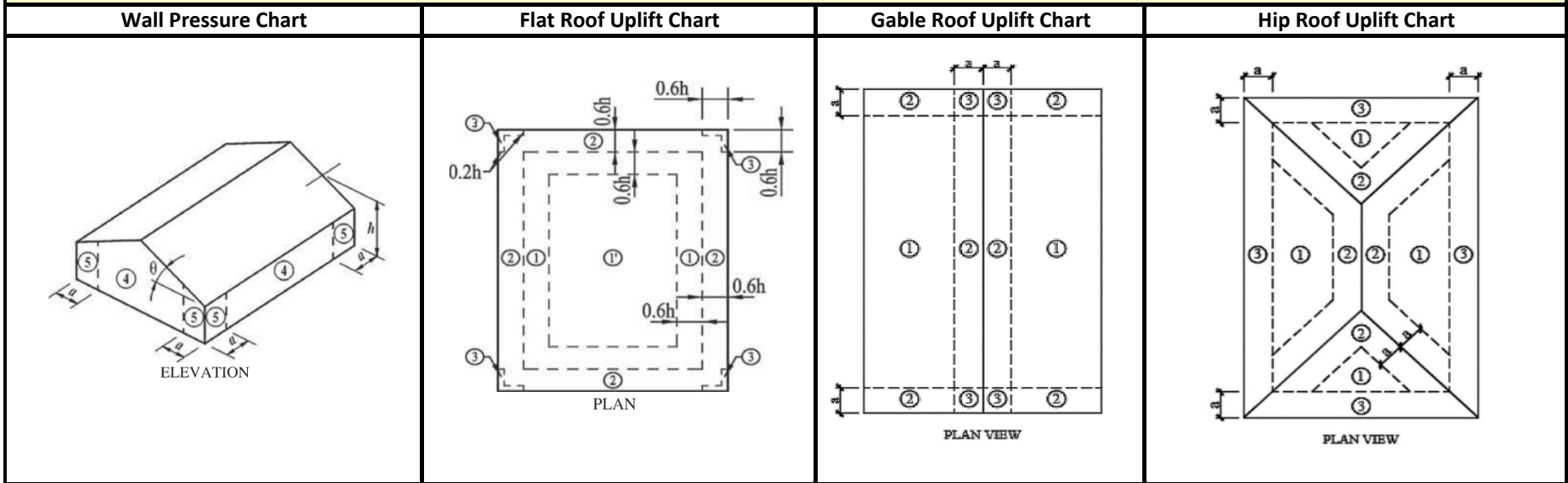
**NOTE:** Generic charts, graphs alone, etc., are not acceptable for buildings above 30 feet.

EFFECTIVE DATE: September 12, 2012  
EFFECTIVE DATE: December 31, 2023

**\*\*\* PLEASE POST AT YOUR PERMIT COUNTER \*\*\***

ASCE 7-22

**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  $0.4 \cdot h$ , 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  $\leq 30$  Feet.

Wall Pressure For All Roof Types												Garage/Door Pressures				
Mean Roof Height	15 Ft						20 Ft						$\leq 30$ Ft			
Tributary Area	10	20	35	50	100	500	10	20	35	50	100	500	Effective Wind Area		Positive	Negative
Wall Positive Pressure	38.1	36.3	35.0	34.1	32.4	28.4	40.4	38.5	37.1	36.1	34.3	30.1	Width	Height		
Zone 4 Negative Pressure	-41.4	-39.6	-38.2	-37.3	-35.6	-31.6	-43.8	-42.0	-40.5	-39.6	-37.7	-33.5	8	8	38.6	-48.2
Zone 5 Negative Pressure	-51.0	-47.5	-44.8	-43.0	-39.6	-31.6	-54.0	-50.4	-47.5	-45.6	-42.0	-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	42.2	40.3	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

## SIMPLIFIED ROOF UPLIFT CHART FOR ROOFING APPLICATIONS

This simplified chart represents the worst case wind pressures for the various roof slopes and heights. This chart is based on a Tributary Area = 10 SF which is required for roofing applications. If the 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 roof height is higher than 30 feet, these charts do not apply. Refer to Roof Chart Diagrams on Page 1 for Roof Zone Locations

### Mean Roof Height = 15 Feet

Flat Roof		Gable Roof 1.51 to 4:12			Gable Roof 4.1 to 6:12		Gable Roof 6.1: to 12:12		Hip Roof 1.51 to 4:12			Hip Roof 4.1 to 6:12	
Positive*	15.4/38.0		Positive	23.2	Positive	23.2	Positive	34.7		Positive	28.3	Positive	28.3
Zone		Zone	Roof	Overhang	Roof	Overhang	Roof	Overhang	Zone	Roof	Overhang	Roof	Overhang
1	-60.5	1, 2e	-70.1	-80.4	-54.0	-64.3	-63.7	-83.6	1	-63.7	-74.0	-50.8	-60.8
1'	-34.8	2n & 2r	-102	-113	-86.2	-96.5	-70.1	-90.1	2e	-89.4	-99.7	-70.1	-79.0
2	-79.8	3e	-102	-132	-86.2	-116	-86.7	-107	2r	-83.0	-93.3	-70.1	-79.0
3*	-109	3r	-122	-151	-102	-128	-70.1	-90.1	3	-89.4	-119	-70.1	-95.3

### Mean Roof Height = 20 Feet

Flat Roof		Gable Roof 1.51 to 4:12			Gable Roof 4.1 to 6:12		Gable Roof 6.1: to 12:12		Hip Roof 1.51 to 4:12			Hip Roof 4.1 to 6:12	
Positive*	16.4/40.3		Positive	24.6	Positive	24.6	Positive	36.9		Positive	30.1	Positive	30.1
Zone		Zone	Roof	Overhang	Roof	Overhang	Roof	Overhang	Zone	Roof	Overhang	Roof	Overhang
1	-64.2	1, 2e	-74.5	-85.4	-57.4	-68.3	-67.7	-88.9	1	-67.6	-78.6	-54.0	-64.6
1'	-36.9	2n & 2r	-109	-120	-91.5	-102	-74.5	-95.7	2e	-95.0	-106	-74.5	-84.0
2	-84.8	3e	-109	-140	-91.5	-123	-92.1	-113	2r	-88.1	-99.1	-74.5	-84.0
3*	-116	3r	-129	-161	-108	-136	-74.5	-95.7	3	-95.0	-126	-74.5	-101

### Mean Roof Height = 25 Feet

Flat Roof		Gable Roof 1.51 to 4:12			Gable Roof 4.1 to 6:12		Gable Roof 6.1: to 12:12		Hip Roof 1.51 to 4:12			Hip Roof 4.1 to 6:12	
Positive*	17.2/42.3		Positive	25.8	Positive	25.8	Positive	38.7		Positive	31.5	Positive	31.5
Zone		Zone	Roof	Overhang	Roof	Overhang	Roof	Overhang	Zone	Roof	Overhang	Roof	Overhang
1	-67.3	1, 2e	-78.1	-89.5	-60.2	-71.6	-70.9	-93.1	1	-70.9	-82.4	-58.6	-67.7
1'	-38.7	2n & 2r	-114	-125	-96	-107	-78.1	-100	2e	-99.6	-111	-78.1	-88.0
2	-88.8	3e	-114	-147	-96	-129	-96.6	-119	2r	-92.4	-104	-78.1	-88.0
3*	-121	3r	-135	-168	-113	-143	-78.1	-100	3	-99.6	-133	-78.1	-106

### Mean Roof Height = 30 Feet

Flat Roof		Gable Roof 1.51 to 4:12			Gable Roof 4.1 to 6:12		Gable Roof 6.1: to 12:12		Hip Roof 1.51 to 4:12			Hip Roof 4.1 to 6:12	
Positive*	17.9/43.9		Positive	26.8	Positive	26.8	Positive	40.2		Positive	32.8	Positive	32.8
Zone		Zone	Roof	Overhang	Roof	Overhang	Roof	Overhang	Zone	Roof	Overhang	Roof	Overhang
1	-70.0	1, 2e	-81.1	-93.1	-62.6	-74.5	-73.7	-96.8	1	-73.7	-85.6	-58.8	-70.4
1'	-40.2	2n & 2r	-118	-130	-99.8	-112	-81.1	-104	2e	-103	-115	-81.1	-91.4
2	-92.3	3e	-118	-153	-99.8	-134	-100	-123	2r	-96.0	-108	-81.1	-91.4
3*	-126	3r	-141	-175	-118	-148	-81.1	-104	3	-103	-138	-81.1	-110

\* If Parapet >= 3 Ft occurs around entire building use the same Zone 2 pressure for Zone 3 and use the higher positive pressure shown

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											
						X											
						X											
						X											
						X											

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 UNIFORM BUILDING PERMIT APPLICATION**

Revised 11-17-2022

Select One Trade:  Building  Electrical  Plumbing  Mechanical  Other \_\_\_\_\_

Application Number: \_\_\_\_\_ Application Date: \_\_\_\_\_

1

Job Address: \_\_\_\_\_ Unit: \_\_\_\_\_ City: \_\_\_\_\_

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

Building Use: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Occupancy Group: \_\_\_\_\_

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.

Notary section with two columns for Owner/Agent and Qualifier. Includes fields for signature, state, county, sworn to, date, notary name, and identification type.

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.