

MARTIN COUNTY BUILDING DEPARTMENT PRODUCT APPROVAL CHECKLIST NOTE: THIS FORM NOT REQUIRED IF INFORMATION ON PLANS

Permit Type:	Permit Number:		Owner's Name:			
Design Professional Name A/E:_	Job Site Location:					
Rule F.A.C. 61G20-3 requires the for product approval has been in						
Product	Model Number	Manufacturer	Evaluation Agency	Product Approval # FL/NOA	Expiration Date	
Windows						
Exit Doors						
Garage Doors						
Off-Ridge Vents/Ridge Vent						
Soffits						
Skylights						
Shutters						
Roofing Materials						
Panel Walls						
Structural Components & Cladding						
New/Alternative Materials						
In accordance with the Florida A evaluation as required by the Florida	9	s product approval syste	m, this affidavit certifies tha	nt I have performed the bu	uilding envelope	
Architect/Engineer's Signature & Seal		_	FL Cert. /Reg. Number			