



Retrofit of Windows & Doors Submittal Packet

BUILDING DEPARTMENT

Revision Date: 2/20/2025

Form I.D. Number: 015.1

Before submittal, please review the Broward County Board of Rules and Appeals [Formal Interpretation #24, 8th Edition Florida Building Code](#).

After reviewing the above, please submit the following:

1. A sketch (floor plan view) of the house (2 sets required if paper submittal)
 - a. Must use **INK** only
 - b. Must show the location of all openings
 - c. Must identify each opening with a letter or number
2. NOA (Notice of Acceptance)/Product Approvals (2 sets required if paper submittal)
 - a. Must highlight opening sizes and related pressures
 - b. Must **ADD** identifying letter or number at each column
3. If any opening is to be altered, an Engineer or Architect's signed and sealed detail is required (2 sets required if paper submittal)
4. A [Broward County Uniform Building Permit Application](#)
5. A completed [Owner/Builder Affidavit Packet](#) (if applicable)
6. Must complete the Broward County Uniform Retrofit Window & Door Schedule. Use as many sheets as needed to list all openings. (2 sets required if paper submittal)

NAME:

SITE ADDRESS:

CONTACT #:

1	2	3		4		5		6		7		8		9		10	
		PRODUCT APPROVAL PRESSURE RATING		REQUIRED DESIGN PRESSURE		OPENING SIZES		ZONE LOCATION		Impact Glazing		OPENING HAS EXISTING SHUTTERS		NEW SHUTTERS REQUIRED		MULLION TUBES REQUIRED	
OPENING LOCATION ID	PRODUCT ACCEPTANCE NUMBER	(+) 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											
						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.).