



# Product Review Affidavit

St Lucie County, Public Works Department  
Code Compliance Division

The following products will be installed in the structure located at \_\_\_\_\_

Building Permit # \_\_\_\_\_

Owners Name \_\_\_\_\_ Owner's Address \_\_\_\_\_

Contractor \_\_\_\_\_ Contractor's Address \_\_\_\_\_

Product	*Product Rated Design Pressures	Manufacturer	Model Number	Method of Attachment
<b>Windows</b>				
<i>* Fill in the rated wind design pressures listed by the manufacturer for each product listed</i>				
1st Choice				
Mullions				
<b>Fixed Glass</b>				
1st Choice				
Skylights				
<b>Glass (other)</b>				
Butt Glass				
Glass Block				
<b>Sliding Glass Doors</b>				
1st Choice				
2nd Choice (if applicable)				
<b>Swing Type Doors</b>				
1st Choice				
2nd Choice (if applicable)				
<b>Overhead Garage Doors</b>				
1st Choice				
2nd Choice (if applicable)				
<b>Roofing Material</b>				
Asphalt/Fiberglass				
Metal				
Other				
<b>Shutters</b>				
Choice				

**I have reviewed the above components and cladding, and have approved their use in the structure to provide adequate resistance to the wind loads and forces specified by current code provisions.**

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Design Firm \_\_\_\_\_ Cert. No. \_\_\_\_\_ Date: \_\_\_\_\_