BROWARD COUNTY UNIFORM RETROFIT WINDOW & DOOR SCHEDULE

PAGE _____ OF _____

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											
						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.).