



DIVISION OF BUILDING SAFETY

201 South Rosalind Avenue, 1st Floor

Reply To: Post Office Box 2687 ▪ Orlando, Florida 32802-2687

407-836-5564 ▪ Fax 407-836-2852

www.ocfl.net/building

**Application for Residential
Replacement Overhead Garage Door Permit**

Permit Number: **B**_____

Garage Door Loads for a Building with a Mean Roof Height of 30 Feet Located in Exposure B
Table R301.2 (4) FBCR 2007 with 2009 Supplement Basic Wind Speed <120 mph—3 second gust

Roof Angle > 10 Degrees Effective Area:

Width 9' Height 7' Positive Pressure 22.8 Negative Pressure – 25.8
Width 16' Height 7' Positive Pressure 21.8 Negative Pressure – 24.3

Work Type: **02** Construction Type: **029** Occupancy Group: ____ License Number: _____

Tax I.D. #: Sec:____ Twp:____ Rng:____ Sub:____ B&L:____ Zoning Class: _____

Project Address: _____ Suite/Unit: _____

City: _____ State: _____ Zip: _____ Lien: _____

Property Owner: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Occupancy Group: **R-3** Permit Type: **B** Work Category: **E** Nature of Work: **Replacement only**

Plan Format: on site (reference product approval information below)

Special Considerations: Fill in required information below.

Florida/ Miami Dade product approval number: Product: _____ Manufacturer: _____

Category: _____ Description: _____ Installation Number: _____

Contract Value: \$ _____

Building Department Fee: \$ _____ Date Issued: _____ By: _____

Permit valuation exceeding \$2499 requires a notarized page 2, and NOC, and the contractor needs to personally appear.

I hereby make application for permit as outlined above, and if same is granted, I agree to conform to all Division of Building Safety regulations and County ordinances regulating same. The issuance of this permit does not grant permission to violate any applicable Orange County and/or State of Florida codes and/or ordinances.

Printed Contractor's name: _____

Contractor's Signature _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by

_____ who is personally known to me or

who produced _____ as identification and who did not take oath.

State of Florida
County of Orange

Seal

Notary Signature