

4161 TAMIAMI TRAIL - SUITE 101 **PORT CHARLOTTE, FL 33952** Ph: (941) 391-5980 or Fax: (941) 979-8195

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Metal Building Form

Reminder: Please provide a sketch with plan view, side views, heights, overhangs, etc. If available, provide a CAD drawing to speed up the completion of your project.

FLENG ACCOUNT	Company License #				
	Contact Person Email				
	Office Phone Ce	ell	Fax		_
	Mailing Address	City		Stat	e Zip
Contractor On Plans (Company Name) :					
PROJECT ADDRESS	Property Owner Name			Phone	
	Job Address		City _		*FI Fng
A P	Zip County	_ Permit Agency		*Wind Speed	determines *Expdetermines official wind zone
OJECT INFORMATION	CHECK ALL THAT APPLY				List out states:
	Site Specific Generic Engineering	-		_ wnat states?	AL, FL, GA, TN, TX, LA, MS, VA, WV, CO, IN, KY, UT, NC, SC, PA, AR
	Metal Building	<u>Carport</u>			Product Approval Number
	Open Structure Closed Structure	Roof FL #		_ Wall FL#	
	Residential Commercial	Free Standing	Attached t	to host > What is	host?
	*Risk Category: I II III IV *Please note if the Category is not specified, our team w Specific Structure.	vill default to Cat 1. If category	change is need	No led, this will subject to	a revision fee, TBD based on Site
P.R.	<u>Dimensions</u>	<u>Lea</u>	n-To		
	Length Width Height	Len	gth	Width	Height
ETE	FOUNDATION INFORMATION Ch	neck One - "Existing" or "Pr	oposed"		
	Existing Concrete Slab: Dimensions	x Th	nickness	Existir	ng Footer Size
CONCR	Proposed Concrete: Slab Extension			bon (Continuous)	
	Occupancy Type (use of the building):				
SPECIAL	What is the building being used for? (If storage, need to know what is stored - Hazardous materials - Heavy Machinery - etc)				
	Special Instructions:				

PLEASE SELECT ONE METHOD OF RETURN