



LIGHTNING ENGINEERING

4456 TAMIAMI TRAIL – SUITE B14

PORT CHARLOTTE, FL 33980

Ph: (941) 391-5980 or Fax: (941) 979-8195

E-mail: orders@LightningEngineer.com



CONTRACTOR INFORMATION

Company _____ License # _____

Mailing Address _____

City _____ State _____ Zip _____

Office Phone _____ Cell _____ Fax _____

Contact Person _____ Email _____

JOB INFORMATION

Owners Name _____

Job Address _____

City _____ State _____ Zip _____

Wind Speed Zone: 110___ 120___ 130___ 140___ 150___ 160___ 170___

Wind Exposure: B___ C___ D___

PLEASE CHECK ALL THAT APPLY Commercial Project___ AC/Generator Stand ___

Carport___ Composite Panel Roof___ Pan Roof___ Screen Room___ Pool Enclosure___

Provide the Florida Product Approval Code you will be using: FL_____

Special Instructions _____

Attachment to an existing structure

Attach to overhang ___width_____ Attach to host ___wood___masonry_____

Foundation: Is there an existing slab? _____ Thickness of existing slab _____ inches

Is there an existing footer? _____ Size of existing footer _____

Do you need a concrete plan? Yes___ No___

If yes, what do you need included in the concrete plan, select ALL that apply

Slab ___New___ Extension to existing___ Pavers _____

Continuous Footing _____ Isolated Footings _____

Method of Return: Mail___ Pick-Up___ E-File___

Please provide plan view, elevations, heights, and door locations. Indicate host structure and overhangs if any.

Fell free to provide a CAD drawing to help expedite your turn around.