



LIGHTNING ENGINEERING
4161 TAMIAMI TRAIL - SUITE 101
PORT CHARLOTTE, FL 33952
Ph: (941) 391-5980 or Fax: (941) 979-8195
E-mail: orders@Lightningengineer.com

CONTRACTOR

Company _____ License # _____
 Mailing Address _____ City _____
 State _____ Zip _____ Office Phone _____ Cell _____
 Fax _____ Contact Person _____
 Email _____

OWNER

Owner Name _____ Purchase Order # _____
 Job Address _____ City _____ State _____
 Zip _____ County _____ Permit Agency _____ * Wind Speed _____ * Exp _____
*FL Engineering determines official wind zone

PROJECT INFORMATION

CHECK ALL THAT APPLY		Residential	Commercial		FL # = Product Approval Number
Screen Enclosure	Screen Room		Carport	Patio Cover	Sun Room
Mansard	Insulated FL # _____		Insulated FL # _____		Aluminum
Gable	Pan Roof FL # _____		Pan Roof FL # _____		Wood
Hip	Acrylic/ Vinyl		Other _____		Insulated FL # _____
Dome	Other _____		Free Standing		Window FL # _____
Monoslope					Siding FL # _____
Other _____					
Hurricane Shutter FL # _____		Metal Building	Awning	Railing	
Staircase	Wood Deck	AC Unit Stand	Other _____		

HOST/ CONCRETE

HOST INFORMATION **Attaching to existing structure** **Free Standing** **Wall Height** _____' _____"
 Gutter Fascia Block Wall Conventional Wall Other _____ **Overhang** _____

FOUNDATION INFORMATION **Check One - "Existing" or "Proposed"**

Existing Concrete Slab Dimensions _____ x _____ Thickness _____ Existing Footer Size: _____

Proposed Concrete Slab Extension to existing Isolated Footers Ribbon/Continuous Monolithic

Special Instructions: _____

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.

PLEASE SELECT ONE METHOD OF RETURN

Mail Electronic Signature Pickup

Mail **AND** Electronic Signature **+\$25**

RUSH JOB
3-BUSINESS DAYS
GUARANTEE
 Rush Fee based on
 specific project