



LIGHTNING ENGINEERING LLC

4161 TAMIAMI TRAIL – UNIT 101 PORT
CHARLOTTE, FL 33980

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

CONTRACTOR

Company _____ License # _____

Mailing Address _____ City _____

State _____ Zip _____ Office Phone _____ Cell _____

Fax _____ Contact Person _____

Email _____

OWNER

Owner Name _____

Job Address _____ City _____ State _____

Zip _____ County _____ Permit Agency _____ WindSpeed _____ Exp _____

PROJECT INFORMATION

Exposure Category B C D

Wind speed (mph) _____

Enclosure type Enclosed Partially enclosed

Roof slope _____

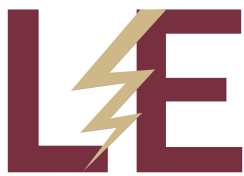
Mean Roof Height _____ Min. Bldg Dimension _____

Roof Type Flat Mansard Gable
 Dome Monoslope Hip

Method of Return Mail Pick-up Electronic Signature

Special Instructions _____

Please feel provide a CAD drawing to expedite turn around on your project
OR
Manually enter window details on the next page



**Lightning
Engineering, LLC**

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E-mail: orders@flengineeringllc.com

WINDOW INFORMATION

Window No.	Width in	Height in	Zone	Window Elevation ft
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				