



Window Pressure Order Form

Reminder: Please provide a CAD drawing to expedite turn around on this project
OR manually enter the window details on the next page.

CONTRACTOR

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

ADDRESS

Property Owner Name _____ Phone _____
Job Address _____ City _____
Zip _____ County _____ Parcel No. _____

PROJECT INFORMATION

SCOPE OF WORK

Exposure Category B C D
Enclosure Type Enclosed Partially Enclosed
Wind speed (mph) _____ Min. Building Dimension _____
Roof Slope _____ Mean Roof Height _____
Roof Type Flat Mansard Gable Dome Monoslope Hip

Additional Information

PLEASE SELECT ONE METHOD OF RETURN

Mail Electronic Signature Pickup

Mail **AND** Electronic Signature (+\$25 fee)



4161 TAMIAMI TRAIL - SUITE 101
PORT CHARLOTTE, FL 33952
Ph: (941) 391-5980 or Fax: (941) 979-8195
Email: orders@lightningengineer.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				