



Affidavit of Awareness of Homeowners' Association Regulation

OWNER – Please provide a brief description of work: _____

For office use ONLY – Job Type: _____

(Please Check One)

I, _____, acknowledge that I am a resident of a homeowners' association ("HOA"), and that as a resident of the HOA I may be subject to additional building, landscaping or other regulations. I further understand that the issuance of a building permit by the City of Pembroke Pines, Florida does not exempt me from any and all other regulations imposed by my HOA. By Ord.1586, the Building Department will notify the association of the approval of the permitted work.

I, _____, am not a resident of a homeowners' association.

Job Address

Name of Homeowners' Association (HOA)

Job City, State & Zip Code

Mailing Address of HOA

Owner's Name

HOA City, State & Zip Code

Owner's Signature

Date: _____

State of _____

County of _____

Sworn to (or affirmed) and subscribed before me

this _____ day of _____, 20_____

By: _____

(SEAL) _____

Type of Identification Produced _____



BROWARD COUNTY BOARD OF RULES AND APPEALS

FBC 8th EDITION (2023) FORMAL INTERPRETATION (#24)

1 N. University Drive, Suite 3500B
Plantation, FL 33324

Phone: 954-765-4500
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broward.org/CodeAppeals

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Charles M. Kramer, Esq.

Board Administrative Director

Dr. Ana Barbosa

— Established 1971 —

DATE: October 12, 2023
TO: All Building Officials
FROM: Dr. Ana Barbosa, Administrative Director 
SUBJECT: Retrofit of Windows, Doors, Garage Doors,
and Shutters FBC Existing Building, Alteration Level

At its meeting on October 12, 2023, the Board approved an interpretation of Retrofit of Windows, Doors, Garage Doors, and Shutters for detached one- and two-family dwellings and multiple single-family dwellings (townhouses) with common roof height < 30 feet.

1. A Florida Professional Engineer or Architect may modify the buck or fasteners as specified in a Notice of Acceptance. Such modification must be documented with a signed and sealed letter or drawing.
2. To obtain the required design pressure for a specific opening at a specific site, an individual must utilize one of the following and submit documentation as indicated.
 - a) A site-specific plan (signed and sealed) by a Florida Professional Engineer or Architect indicating the location of all retro openings and the required design pressures.
 - b) A site-specific plan (not sealed) indicating the location of all retro openings accompanied by a worst-case design pressure chart (signed and sealed) prepared by a Florida P.E. or Architect.
 - c) A site-specific plan (not sealed) indicating the location of all openings and indicating the required design pressures based on the Broward County Fenestration Voluntary Wind Load Chart. (See attached chart).
3. Buildings with a (height) > 30 feet or more shall have a site-specific design (signed and sealed) by a Florida Professional Engineer or Architect, indicating the location of all retro openings and the required design pressures for each opening.

NOTE: Generic charts, graphs alone, etc., are not acceptable for buildings above 30 feet.

EFFECTIVE DATE: September 12, 2012

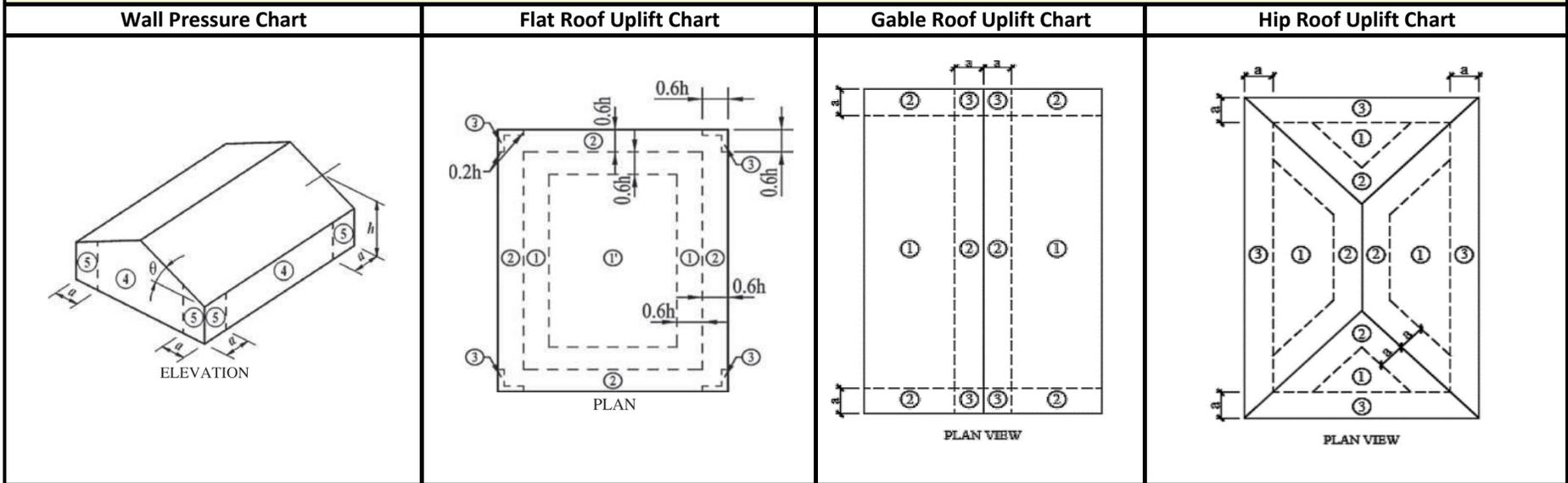
EFFECTIVE DATE: December 31, 2023

***** PLEASE POST AT YOUR PERMIT COUNTER *****

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ASCE 7-22

Roof and Wall Zone Chart Diagrams



Instructions on how to use these Charts: Determine Mean Roof Height, h , which is top of roof for flat roofs or the mean roof height for pitched roofs. Find your least horizontal dimension for your building, not including a overhang if it occurs. Calculate the value of, a , = 10% of least horizontal dimension or $0.4 \cdot h$, whichever is smaller, but not less than either 4% of least horizontal dimension or 3 feet. If your roof height is less than 30 feet, but not exactly 15, 20, or 25 feet, you will need to go to the next higher roof height. If your Mean Roof Height is higher than 30 feet, these charts do not apply. Review the diagram which illustrate the wall and roof zones and determine the wind zone in which the component is located. Determine the tributary area of the component. If the tributary area falls in between values, use the value of the smaller tributary area. Select the positive and negative wind pressures corresponding to the wall or roof zone where your component is located. Door pressures shown are for the most common door sizes and are worst case for heights ≤ 30 Feet.

Wall Pressure For All Roof Types												Garage/Door Pressures				
Mean Roof Height	15 Ft						20 Ft						≤ 30 Ft			
Tributary Area	10	20	35	50	100	500	10	20	35	50	100	500	Effective Wind Area		Positive	Negative
Wall Positive Pressure	38.1	36.3	35.0	34.1	32.4	28.4	40.4	38.5	37.1	36.1	34.3	30.1	Width	Height		
Zone 4 Negative Pressure	-41.4	-39.6	-38.2	-37.3	-35.6	-31.6	-43.8	-42.0	-40.5	-39.6	-37.7	-33.5	8	8	38.6	-48.2
Zone 5 Negative Pressure	-51.0	-47.5	-44.8	-43.0	-39.6	-31.6	-54.0	-50.4	-47.5	-45.6	-42.0	-33.5	10	10	37.4	-45.7
Mean Roof Height	25 Ft						30 Ft						14	14	35.4	-41.8
Tributary Area	10	20	35	50	100	500	10	20	35	50	100	500	9	7	38.7	-48.3
Wall Positive Pressure	42.2	40.3	38.8	37.8	35.9	31.5	43.9	41.9	40.3	39.3	37.3	32.8	16	7	37.0	-45.0
Zone 4 Negative Pressure	-45.8	-43.9	-42.4	-41.4	-39.5	-35.1	-47.6	-45.7	-44.1	-43.1	-41.1	-36.5	3	7	41.8	-54.6
Zone 5 Negative Pressure	-56.6	-52.8	-49.7	-47.8	-43.9	-35.1	-58.8	-54.7	-51.7	-49.6	-45.7	-36.5	6	7	39.8	-50.6

CITY OF PEMBROKE PINES SUBMITTAL

BORA Policy 20-01

BROWARD COUNTY UNIFORM RETROFIT WINDOW & DOOR SCHEDULE

PAGE ____ OF ____

NAME: _____ SITE ADDRESS: _____ CONTACT #: _____

1	2	3		4		5		6		7		8		9		10	
OPENING LOCATION ID	PRODUCT ACCEPTANCE NUMBER	PRODUCT APPROVAL PRESSURE RATING		REQUIRED DESIGN PRESSURE		OPENING SIZES		ZONE LOCATION		Impact Glazing		OPENING HAS EXISTING SHUTTERS		NEW SHUTTERS REQUIRED		MULLION TUBES REQUIRED	
		(+) PSF	(-) PSF	(+) PSF	(-) PSF	WIDTH X HEIGHT IN INCHES	AREA IN SQ FEET	4 INTER	5 END	YES	NO	YES	NO	YES	NO	YES	NO
						X											
						X											
						X											
						X											
						X											
						X											
						X											
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						X											
						X											
						X											

IDENTIFY OPENINGS ALPHABETICALLY OR NUMERICALLY ON ELEVATION SHEETS.
 IDENTIFY VERTICALLY STACKED GLASS IN THE SAME OPENINGS FROM BOTTOM TO TOP WITH SUB NUMBERS (Example: A, A1, A2, ETC.).

MEAN ROOF HEIGHT: _____