



MARTIN COUNTY BUILDING DEPARTMENT
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MARTIN COUNTY FORM 100

DESIGN CERTIFICATION FOR WIND LOAD

COMPLIANCE BY ARCHITECT OR ENGINEER OF RECORD

PROJECT NAME AND ADDRESS

BUILDING DEPARTMENT USE ONLY

BLDG.PERMIT# _____

OCCUPANCY TYPE _____

CONST. TYPE _____

COMMENTS _____

STATEMENT

I certify that, to the best of my knowledge and belief, these plans and specifications have been designed to comply with the applicable structural portion of the Building Codes as amended, adopted, and enforced by Martin County Building Department. I also certify that the structural components, systems, and related elements provide adequate resistance to the wind loads and forces specified by the current Code provisions. I hereby accept responsibility for the structural design.

DESIGN PARAMETERS AND ANALYSIS

CODE EDITIONS: FLORIDA BUILDING CODE 8TH EDITION (2023) CHAPTER 6 OF ASCE 7-22

Building Design As: Partially Enclosed _____ Enclosed _____ Open _____
Wind Tunnel Test _____

Ultimate Design Wind Speed: (Figure 1609.3(1), 1609.3(2) AND 1609.3(3)) _____

Nominal Design Wind Speed: (Figure R301.2(4) OR 1609.3.(1)) _____

To determine the above wind speeds, click on the following link: <http://geoweb.martin.fl.us/info/>

Risk Category (Table 1604.5) I _____ II _____ III _____ IV _____

Wind Importance/Use Factor _____

Internal Pressure Coefficient _____

Garage Door Design Pressure _____ +psf (positive) _____ -psf (negative) _____

Door Design Pressure (Int. Zone) _____ +psf -psf (End Zone) _____ +psf _____ -psf _____

Window Design Pressure (Int. Zone) _____ +psf _____ -psf (End Zone) _____ +psf _____ -psf _____

Exposure _____

Impact Protection (Exterior Openings): Approved Shutters _____ Impact Resistant Glass _____

(MUST BE INDICATED ON PERMIT DOCUMENTS FOR ALL RESIDENTIAL/COMMERCIAL BUILDINGS, ALTERATIONS, AND RENOVATIONS)

NOTE: ACTUAL DESIGN PRESSURES FOR ALL EXTERIOR WINDOWS, DOORS, GARAGE DOORS, AND SIMILAR ENVELOPE ELEMENTS MUST ALSO BE INDICATED ON CONSTRUCTION PLANS.

As witnessed by my seal, I hereby certify that the above information is true and correct to the best of my knowledge.

Name: _____ Certification _____

No: _____

Date: _____

SEAL

Design Firm: _____

Other: _____

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