



APPLICATION FOR REPLACEMENT WINDOW PERMIT

Date of Application: _____

PROJECT ADDRESS:

Property Owner: _____

Contractor: _____

Mailing Address: _____

Mailing Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone Number: _____

Phone Number: _____

Describe Work:

Total Cost of Project Materials & Labor:

What is the existing Siding Material that windows will be installed into?

Will the replacement of windows require modification of structural components?
ie.. modification of wall framing or other (yes or no)

What is the U-factor rating of replacement windows ?

What is the Solar Heat Gain Coefficient (SHGC) of replacement window?

What is the estimated cost of material only?

Please acknowledge the following by initialing the box at the end of each statement:

- | | |
|--|--------------------------|
| 1. I understand and have Identified all emergency escape requirements as per IRC section 310. | <input type="checkbox"/> |
| 2. I understand the flashing, drip edge, vapor barriers, and sealant may need to be replaced as required by code. | <input type="checkbox"/> |
| 3. I understand and have Identified all hazardous locations as identified in section R308.4 IRC. | <input type="checkbox"/> |
| 4. I understand that a request for final inspection must be made within 10 working days of job completion and that I must provide a ladder or other means of access. | <input type="checkbox"/> |

NOTICE: READ BEFORE SIGNING

By signing this application form, I hereby certify that all answers contained herein are true and accurate to the best of my knowledge, and further agree to comply with all applicable statutes, rules, and regulations of this jurisdiction, and agree that any violations of said statutes, rules, and regulations may result in the revocation of this permit.

Signature of Owner/Contractor _____ Date: _____