



APPLICATION FOR REPLACEMENT WINDOW PERMIT

Date of Application: _____

PROJECT ADDRESS:		Contractor:	
Property Owner:		Contractor License #:	
Mailing Address:		Mailing Address:	
City/State/Zip:		City/State/Zip:	
Phone Number:		Phone Number:	
Email:		Email:	

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? If so, provide drawing.	
Solar Heat Gain (SHGC):	
PROVIDE WINDOW FLASHING DETAILS	
Selants/ Liqueid Flashing:	
Esitmated cost of material:	

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

1. I understand and have identified all emergency escape requirements as per IRC section 310.	
2. I understand the flashing, drip edge, vapor barriers, and sealant may need to be replaced as required by code.	
3. I understand and have identified all hazardous locations as identified in section R308.4 IRC.	
4. I understand that as 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.	

NOTICE: READ BEFORE SIGNING

By signing this application form, I hereby certify that all answers contained herin 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 revocationof this permit.

Signature of Owner/Contractor _____ Date: _____

APPROVED
 DENIED

Signature of Building Inspector _____ Date: _____