



Siding, Doors and Windows Replacement Miscellaneous Permit Application

Permit #: MIS _____ - _____

(Please Print)

****All contractors MUST FIRST REGISTER (one time per year) by completing the Annual Contractor Registration Form****

A non-refundable application fee of \$50.00 applies to the application of this permit.

PART 1. PROPERTY INFORMATION

Address: _____ Suite #: _____

PART 2. PROPERTY OWNER (PO) INFORMATION

Company Name: _____

PO's Rep./Homeowner Name: _____

Mailing Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

PART 3. CONTRACTOR

Company Name: _____

Contact Person: _____

Mailing Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

NOTE: Submit permit application and plans on approved digital media.

PART 4. WORK CLASSIFICATION (Check one): Commercial Multi-Family Residential

PART 5. WORK TYPE (Check one): Window/Door Replacement Siding

PART 6. FLOOR PLAN AND DOOR/WINDOW SCHEDULE ATTACHED (Required - Check as verification)

AN ISSUED PERMIT BECOMES NULL AND VOID IF THE WORK ON THE SITE AUTHORIZED BY THE PERMIT DOES NOT COMMENCE WITHIN 180 DAYS OF ISSUANCE, OR IF THE WORK IS INCOMPLETE DUE TO SUSPENSION OR ABANDONMENT 180 DAYS AFTER THE WORK COMMENCED. REQUESTS FOR INSPECTIONS REQUIRE A MINIMUM 24 HOURS NOTICE.

ALL ROOFING PERMITS REQUIRE TWO INSPECTIONS: (1) TEAR-OFF-REQUESTED THE DAY THE WORK BEGINS (2) DECKING AND FINAL ROOF INSPECTION - REQUESTED AFTER THE WORK HAS BEEN COMPLETED. ATTIC ACCESS MUST BE PROVIDED AT THE TIME OF ANY INSPECTION. I FULLY UNDERSTAND IF I DO NOT REQUEST THE REQUIRED INSPECTIONS THE CITY MAY PLACE ME ON HOLD UNTIL ALL INSPECTIONS HAVE BEEN REQUESTED AND APPROVED. I HAVE CONTACTED THE HOMEOWNERS ASSOCIATION (HOA) OR OTHERWISE VERIFIED AND HAVE RECEIVED HOA APPROVAL IF APPLICABLE.

BY SIGNING THIS APPLICATION I CERTIFY THAT THE NAILING PATTERN ON THE PLYWOOD SHEATHING AND THE ROOF COVERING IF APPLICABLE, MEETS OR EXCEEDS CURRENT CODES AND FURTHER ATTEST THAT THE ROOF-TO-WALL CONNECTION MEETS CURRENT CODE REQUIREMENTS. ALL PENETRATIONS HAVE BEEN RE-INSTALLED ACCORDING TO CURRENT CODES. IT IS THE RESPONSIBILITY OF THE ROOFING CONTRACTOR TO ENSURE THE PROPER INSTALLATION OF ALL MATERIALS INCLUDING UNDERLAYMENT, FASTNERS, FLASHINGS AND SEALANTS ARE INSTALLED TO CODE.

I HEREBY AFFIRM I HAVE READ THE APPLICATION, THE ABOVE STATEMENTS ARE TRUE AND CORRECT, AND I ALSO AGREE TO COMPLY WITH ALL APPLICABLE PROVISIONS OF THE ADOPTED BUILDING CODES.

Applicant Signature: _____ **Date:** _____



Floor Plan - Siding, Windows or Doors Schedule

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(Please Print)

Project Information

Job Address: _____

Name of Contractor: _____

Name of Homeowner: _____

Floor Plan

Draw floor plan below: Indicate location of proposed siding, door(s) and/or window(s) to be replaced, label room uses.

Door/Window Schedule

Letter Designation	Qty	Rough Opening Size & *Type	U-Factor	SHGC	Room use

Maximum U-Factor .35 / Maximum SHGC .25 / Skylights .55 / Glazed Block .60 (2015 IECC)

* Type : openable, fixed, slider etc.