



RESIDENTIAL WINDOW PERMIT APPLICATION

PROPERTY INFORMATION

Project Address: _____	
Property Owner Name: _____	Phone: _____

CONTRACTOR INFORMATION

Contractor/Company Name: _____	
Company Address: _____	
Company Phone: _____	Company Email: _____

PROJECT INFORMATION

WINDOW REPLACEMENT	
NUMBER OF WINDOWS: _____	
TOTAL COST OF IMPROVEMENT/VALUATION: \$ _____	

SUBMITTAL REQUIREMENTS	PLAN SIZE: minimum 8.5" x 11" maximum 24" x 36"
<ul style="list-style-type: none"> (2) sets of legible plans/drawings Plans to include window locations (i.e. bedroom, living room) Manufacturer specifications including wind load design 	

INSPECTIONS
<ul style="list-style-type: none"> Final inspection required Galveston County: Submit WPI - 8 in addition to city inspection

APPLICANT AUTHORIZATION

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.

Applicant Signature _____
Date

Applicant Printed Name _____
Applicant Phone

Applicant Email Address **EMAIL IS PRIMARY CONTACT FOR CORRESPONDENCE**

OFFICIAL USE ONLY:				PERMIT NO:									
Received	_____	Date	_____	<table style="width:100%;"> <tr><td colspan="2">FEES:</td></tr> <tr><td>Issuance</td><td align="right">\$10.00</td></tr> <tr><td>Permit</td><td align="right">\$125.00</td></tr> <tr><td>TOTAL</td><td align="right">\$135.00</td></tr> </table>		FEES:		Issuance	\$10.00	Permit	\$125.00	TOTAL	\$135.00
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Planning	_____	Date	_____										
Zone	_____												
CFM	_____	Date	_____										
Zone:	A AE AO SX UNX FW												
Plans Examiner	_____	Date	_____										