



# WINDOW & DOOR REPLACEMENT OR EXTERIOR VENEER PERMIT APPLICATION

**APPLICANT SERVICES**  
(850) 891-7125  
FAX: 891-0948  
**BUILDING INSPECTION**  
(850) 891-7050  
FAX: 891-7099

Mailing : 300 South Adams St., B-28  
Tallahassee, Florida 32301

www.talgov.com

Location: 435 N Macomb St.  
Tallahassee, Florida 32301

Date: \_\_\_\_\_ Call Back #: \_\_\_\_\_ Fax Back #: \_\_\_\_\_

Trust Acct #: \_\_\_\_\_ Building Permit #: TBB \_\_\_\_\_

⇒ ANY JOB VALUE GREATER THAN \$2,500.00 **WILL REQUIRE A NOTICE OF COMMENCEMENT** BEFORE FIRST INSPECTION.

⇒ OWNER'S AFFIDAVIT REQUIRED FOR ALL PERMITS COVERED ON THIS FORM IF VALUE IS GREATER THAN \$ 2,500

Contractor: \_\_\_\_\_ License #: \_\_\_\_\_

Job Address: \_\_\_\_\_ Cost of Imp: \$ \_\_\_\_\_

Owner: \_\_\_\_\_ Parcel ID #: \_\_\_\_\_

TYPE OF IMPROVEMENT	CLASS OF BUILDING
03 ALTERATION / REPAIR	01 ONE FAMILY
	02 TWO FAMILY
	03 TRIPL
	04 QUADRIplex
	05 MULTI FAMILY _____units
	06 ROOMING HOUSE _____units
	07 HOTEL, MOTEL _____units
	08 DORMITORY _____units
	12 SINGLE FAMILY ATTACHED
	09 WAREHOUSE
	15 BUSINESS
	16 AMUSEMENT, RECREATIONAL
	17 CHURCH, OTHER RELIGIOUS
	18 INDUSTRIAL
	20 SERV. STATION, REP GARAGE
	21 HOSPITAL, INSTITUTIONAL
	22 OFFICE, PROFESSIONAL
	24 PUBLIC UTILITY
	25 SCHOOL, LIBRARY, EDUCATION
	26 STORES, MERCANTILE
	28 DAY CARE
	30 MULTI - USE
	32 COMM ACCESSORY STRUC
	37 RESTAURANTS
	___OTHER _____

**REPLACEMENT WINDOWS / DOORS (circle which)**  
**NOTE: Wired Glass shall be replaced ONLY w/ Wired Glass, UNLESS previously approved by the Building Official**

**Note:** Replacement windows must meet safety glazing requirements. Bedroom replacement windows shall meet emergency escape requirements if openings are changed.

Manufacturer: \_\_\_\_\_

Number of Individual Window / Door Units: \_\_\_\_\_

Are Any Windows Mullled Together?  Yes  No  
*Manufacturer's tested assembly information or private engineering must be submitted for mullled windows.*

**2032 Florida Product Approval # FL \_\_\_\_\_ aa**  
**REQUIRED installation instructions on site at inspections.**

*Manufacturer's installation requirements and design pressure (Minimum 27.; + and 56.9-) must be submitted with this application*

*AAMA, WDMA or Miami-Dade certification label will be required to be on the windows.*

**COT STAFF APPROVAL:** \_\_\_\_\_

**EXTERIOR VENEER** *Note: Exterior veneer may include Vinyl, Aluminum, Wood, Stucco and/ or. Other Siding*

**SOFFIT** *\_\_\_\_\_*

Type Material: \_\_\_\_\_

Applied Over: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ aaaaaa

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**REQUIRED installation instructions on site at inspections.**

### PERMIT FEES

FEES PD at APPLICATION: \_\_\_\_\_

- Application: \_\_\_\_\_
- Building: \_\_\_\_\_
- State Surcharges: \_\_\_\_\_
- Training Surcharge: \_\_\_\_\_ \$ 2.50
- State Surcharges: \_\_\_\_\_
- Other: \_\_\_\_\_

**BALANCE DUE:** \$ \_\_\_\_\_