



**TOWN OF ESTES PARK
RESIDENTIAL WINDOWS / EXTERIOR DOORS**

REPLACEMENT 2009 IRC

OVER THE COUNTER APPLICATION/PERMIT

Inspection Request Line: (970) 577-3731

ONLY use this form for 1 & 2 family homes and townhouses.

Do NOT use red ink to complete this form.

Received Date
Received By
Closed Date / By

Permit Number
Application Expires
Permit Expires

Building Use (Please select one): Long-term Residential (> 30 days) Short-Term Residential (≤ 30 days)

Job Address: _____ **Parcel Number:** _____

Owner Name: _____ **Phone #:** _____

Owner Address: _____

(Street) (City) (State) (Zip)

Town

Business

Contractor/Applicant Name: _____ **License#:** _____ **Phone #:** _____

Contractor Address: _____

(Street) (City) (State) (Zip)

Contact Email Address (required): _____

Use this form when ALL of the following apply: **Required Information:**

- Existing locations & rough openings will not be changed
- Egress windows will meet all of the clear openable area requirements:
Minimum 5.7 clear square feet Minimum 20" clear width Minimum 24" clear height
- Tempered glazing will be installed in hazardous locations:
 - Within 24" of doors Panes > 9 square feet and < 18" AFF
 - Enclosures for showers, tubs, hot tubs, saunas, pools, etc.
 - Within 60" of stairs, hot tubs, pools, etc.
- Windows will be installed in exterior walls which are at least 5 feet from property lines
- Fenestration U-Factors will be maximum 0.35

Work description: _____ **Valuation (labor and material):** _____

- Number of windows to be replaced _____
- Number of egress windows to be replaced
(bedrooms, basements, bonus rooms, etc.) _____
- Number of tempered windows to be replaced _____
- Manufacturer & Type(s) (Add additional pages if necessary) _____

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Authorization

I hereby certify this application is true and correct and agree to perform the work described according to plans/specifications submitted, reviewed and approved, and to comply with local ordinances, state and federal laws as well as building codes. I certify that I have the property owner's authority and permission to apply for this permit. Additionally, **I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY FEES OR EXPENSES INCURRED FOR PLAN REVIEW, PERMITS, INSPECTIONS AND OTHER FEES ASSOCIATED WITH THIS APPLICATION.**

- Contractor Owner Owner's Agent Tenant

Signature: _____ Print Name: _____ Date: _____

STAFF COMMENTS:	Permit Fee:	
	County Tax:	

Staff Approval: _____ Date: _____ Total: _____

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