Window/Door Replacement Permit Application

630 Florence Avenue PO Box 890 Owatonna, MN 55060
Building Inspections Department
www.co.steele.mn.us | Phone: 507-444-7475 | Email: Inspections@co.steele.mn.us

Commercial / Residential

Planning / Zoning, SSTS, and Building Department Use Only

PIN:	Permit #:	Fee:	Plan Charge:	State Surcharge:	Total Permit Fee:

Notes:

Building Inspections Dept.: Date:

Jobsite Address: _____ City: _____

PROPERTY OWNER

Name: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

CONTRACTOR (if applicable)

Company: _____ License #: _____ Exp. Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Contact Phone: _____

Office Phone: _____ Email: _____

PROJECT INFORMATION

TYPE OF DWELLING: (CHECK ONE)

- ☐ Residential: Single-Family
- ☐ Residential: Town Homes
- ☐ Commercial: Apartments, etc.

DETAILS: (COMPLETE ALL THAT APPLY)

Number of full frame window unit replacements _____

Number of full frame door unit replacements _____

Number of window insert (sash only) replacements _____

Number of **altered or new** window / door openings _____

PROJECT VALUATION: $ _____ *Commercial Window Replacement permit amount is based on the valuation, provide scope of work.

Provide Fenestration U-Factor rating for each style of window/door unit being installed; fill in information in table below. Use NOTES section or a separate sheet if additional space is needed. (Maximum U-Factor: Windows/Doors = .32 Skylights = .55)

Manuf. & Type of Unit being Installed (Dbl Hung, Casement, Patio Door, etc.)	U-Factor	Qty

- ❖ **Permit applications for altered or new openings or Commercial are not a same day permit and require submittal of detailed plans. Permit will be issued after plan review approval.**
- ❖ **Smoke alarms shall be installed within each sleeping room, outside each separate sleeping area in immediate vicinity of bedrooms, and on each additional story of the dwelling. Carbon Monoxide alarms shall be installed outside and not more than 10 feet from each separate sleeping area or bedroom on each level.**

**** This Permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. 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 weather specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. 24 hours advanced notice on all inspections is required.**

Applicant Name: _____ Signature: _____ Date: _____

**** EMAIL / MAIL SIGNED APPLICATION TO ADDRESS ABOVE****