

WINDOW SCHEDULE



Date: _____

Job Address: _____

Print Name of Applicant: _____

Signature of Applicant: _____

Total Number of Windows Installed: _____

Location	Room Size (Width x Length = SF)	Type Code *	Window Size Width x Length (inches)	Clear Height (Inches)	Clear Width (Inches)	Sill Height (Inches)
Living Room						
Family Room						
Kitchen						
Bedroom 1						
Bedroom 2						
Bedroom 3						
Bathroom 1						
Bathroom 2						
Laundry Room						

Type Code* DH Double Hung SH Single Hung S Slider C Casement A Awning	Review from the Building & Safety Department is required if the dimensions of the original window(s) and replacement window(s) are different from one another.	For buildings constructed under permits issued prior to July 1, 1965: Replaced bedroom windows should not be more restrictive than the original condition. Inspector shall be notified to verify original dimensions.
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