



TOWN OF MADISON BUILDING DEPARTMENT 8 CAMPUS DRIVE, MADISON, CT 06443 TEL: 203-245-5618

APPLICATION FOR WINDOW PERMIT

Date: _____

Job Location: _____

Contractor's Name: _____

Contractor's Address: _____

Registration No.# * _____ Phone #: _____

Owner's Name: _____ Phone #: _____

Owner's Address: *(If Other Than Job Location)* _____

Number of Windows to be replaced: _____

Bedroom: _____ Size and Type: _____

Bathrooms: _____ Over Tub/Shower?: _____ Safety Glazed?: _____

Other Hazardous Locations?: _____

Manufacturer: _____ U-Value: _____

Permit #: _____ Permit Fee: \$ _____ Estimated Cost of Work: \$ _____

Approved By: _____ Date: _____

Building Official

****A copy of your Registration and Workmen's Compensation Insurance Certificate if applicable, must be presented at time of application.***