INSPECTOR OF BUILDINGS
TOWN OF MONTAGUE
One Avenue A
Turners Falls, MA 01376

APPLICATION FOR PERMIT TO INSTALL WINDOWS, DOORS and/or SIDING

To Inspector of Buildings: The undersigned hereby applies for a permit to **INSTALL WINDOWS, DOORS or SIDING** according to the following specifications:

Location of Building No.___ Street _____ Map ____ Lot _____

Owner _____
address _____

Present use of the building _____

1a. Builder _____ LIC.# _____
address _____ REG.# _____
b. Architect _____ REG.# _____

2a. Principal structural materials of the exterior walls _____
b. Building height _____ No. of stories _____
c. Type of heating system _____
d. Is the building air conditioned _____
e. Nearest building is _____feet in a _____ direction
f. Distance to adjoining lot lines - Right_____ Left_____ Rear_____

Specifications:

3a. Total number of openings affected _____
b. **Windows** -
R or U-ratings _____ {U= .44 min required}
Bedrooms- window opening size _____x_____ (20" x 24" min clear)
sill height above floor _____ (44" max)
c. Egress and Exterior **Doors** location(s) _____
R-ratings? _____ {R-7 required}
Fire ratings? _____
Location(s)_____ width_____ height_____
d. Fire Separation Doors-(garage, common exit, stairwell, separate units)
location(s) _____ door rating(s) _____
e. Type of **siding** _____

4. The debris resulting from this work shall be disposed of at: _____ which is a properly licensed solid waste disposal facility as required by MGL.

5. Estimated cost (must be filled out) _____

Additional Remarks

_____

_____

_____ Date _____ Phone # _____
Signature of Applicant