

WINDOW SCHEDULE

DATE: _____

JOB ADDRESS: _____

PRINT NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____

TOTAL NUMBER OF WINDOWS INSTALLED: _____



LOCATION	ROOM SIZE WIDTHXLENGTH = SQ. FT.	TYPE CODE *	WINDOW SIZE WIDTHXLENGTH (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

BEDROOMS MUST HAVE AT LEAST ONE EMERGENCY ESCAPE WINDOW OR DOOR:
 MINIMUM NET CLEAR OPEN AREA OF 5.7 SQ. FT.
 24" NET CLEAR HEIGHT
 20" NET CLEAR WIDTH
 MAXIMUM 44" SILL HEIGHT

***ALL OTHER ROOMS ARE NOT SUBJECT TO THE ABOVE REQUIREMENTS.**

FOR BUILDING CONSTRUCTED UNDER PERMITS ISSUED PRIOR TO 7-1-65:
 REPLACED BEDROOM WINDOWS SHOULD BE NO MORE RESTRICTIVE THAN THE ORIGINAL CONDITION. INSPECTOR SHALL BE NOTIFIED TO VERIFY ORIGINAL DIMENSIONS.