

**Town of Sewall's Point Building Department**

One South Sewall's Point Road

Sewall's Point, Florida 34996

Ph: 772-287-2455

**WINDOW  
PERMIT APPLICATION**

Permit # \_\_\_\_\_

**CONSTRUCTION UNDER THIS PERMIT SHALL BE DONE IN ACCORDANCE WITH FBC 2023 8<sup>TH</sup> EDITION**

Site Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Parcel ID: \_\_\_\_\_

**Owner's Information**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Contractor's Information**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

State License no. \_\_\_\_\_

**PROJECT INFORMATION**☐ Commercial ☐ Residential

Description of work: \_\_\_\_\_ Manufactured by: \_\_\_\_\_

Number of windows to replace: \_\_\_\_\_ Location of new windows: ☐ Front ☐ Rear ☐ Side ☐ AllType of window: ☐ Impact ☐ Non-impact (a separate shutter permit may be required) Structural alteration: ☐ No ☐ YesExisting shutters: ☐ No ☐ Yes Type of installation: ☐ Finn (common with wood frame walls) ☐ Inset (common with CBS walls)

\*See checklist for additional requirements.

Total Valuation \$ \_\_\_\_\_

**APPLICATION MUST BE SIGNED AND NOTARIZED BY THE CONTRACTOR AND OWNER**\_\_\_\_\_  
Contractor Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Print Name\_\_\_\_\_  
Notary Public, State of Florida

STATE OF FLORIDA, County of \_\_\_\_\_

[NOTARIAL SEAL]

The foregoing instrument was acknowledged before me by means of ☐ physical  
presence or ☐ online notarization this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_ who is \_\_\_\_ personally known  
to me or \_\_\_\_ has produced \_\_\_\_\_ as identification

\_\_\_\_\_  
Owner or Owner's Authorized Representative Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Print Name\_\_\_\_\_  
Notary Public, State of Florida

STATE OF FLORIDA, County of \_\_\_\_\_

[NOTARIAL SEAL]

The foregoing instrument was acknowledged before me by means of ☐ physical  
presence or ☐ online notarization this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_ who is \_\_\_\_ personally known  
to me or \_\_\_\_ has produced \_\_\_\_\_ as identification

**NOTICE:** In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.



## Building Department CHECKLIST FOR WINDOWS PERMITS

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**PERMIT APPLICATION** – The following information must be completed on the permit application:

- For office use only - Permit number
- Site address
- Legal description
- Parcel ID
- Owner's information
- Contractor's information
- Commercial/Residential
- **Window information:** Description of work, manufactured by, # of windows, location of windows, type of window, structural alteration, existing shutters, type of installation.
- Notarized Contractor/Homeowner builder signature

**PLANS AND DOCUMENTS** – Provide 1 copy:

- Layout plan
- Product approval with installation instructions
- If altering the structure to install the window, please refer to the Structural Opening permit checklist.
- Recorded Notice of Commencement for work valued at \$5000 or more. (NOC must be submitted to permitting prior to scheduling the first inspection.)
- **If applying for the permit as a homeowner builder, a copy of the recorded warranty deed or property card showing homeowners name from the property appraiser's website must be submitted, along with HOB Affidavit. Homeowner must personally appear at the Building Department to have their signature notarized.**

*This checklist is intended for Building Department use only. Additional documents may be requested at any time during the permitting process. Any exceptions must be approved by a Supervisor.*

## WINDOW SCHEDULE

ID NO	APPROX OPENING SIZE (WXH)	FRAME		**TYPE	IMPACT PROTECTION		ENERGY CODE INFORMATION	
		ALM	VNYL		IMPACT GLASS	SHUTTER	U-FACTOR	SHGC
	37" x 63"	X		SH		X	0.65	0.25
1								
2								
3								
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TOTAL GLAZED OPENING AREA FOR STRUCTURE: \_\_\_\_\_ S.F.

\*PERCENTAGE OF NEW GLAZED AREA: \_\_\_\_\_ %  
(TOTAL INSTALLED GLAZED AREA DIVIDED BY TOTAL GLAZED OPENINGS FOR STRUCTURE)

NOTE: The replacement of more than 25% of the aggregate area of exterior glazing (window & doors) in one & two family dwellings within a 24 month period will require impact protection on all proposed glazed opening replacement (approved shutters or impact resistant glazing) as per 2020 FBC/EXISTING BUILDING 507.3.

### \*TYPE OF WINDOWS

SH – SINGLE HUNG    AWN – AWNING    SL- SLIDING    ALM - ALUMINUM  
DH – DOUBLE HUNG    CAS – CASEMENT    FIX – FIXED    VNYL- VINYL