

**City of Farmington**  
**430 3<sup>rd</sup> St.**  
**Farmington, MN 55024**  
**651-280-6830**



## **Window Replacement**

This pamphlet is a compilation of some of the standard requirements based on the State Building Code for projects of this type. This information packet does not contain all of the specific codes and should only be used as a guide. The permittee is responsible to meet all code requirements applicable to each project.

**\*Pictures of window flashing are acceptable. Pictures must include the pan or sill flashing. We must be able to identify building in the pictures. Have pictures available for final inspection.**

### **Safety Glazing required in hazardous locations**

- Glazing that is 9 ft<sup>2</sup> or larger and is less than 18" above the floor
- Glazing in rooms containing tubs and showers and is less than 5' above the floor and less than 5' from the water's edge
- Glazing adjacent to stairs or ramps less than 3' above the walking surface
- Glazing less than 3' above the floor and less than 5' from the bottom tread of a stairway
- Glazing less than 5' above the floor and within 2' from the vertical edge of a door in the closed position

### **Window Replacement Requirements for EGRESS Windows**

- Window must be replaced with the manufacturer's largest standard size that will fit in the opening
- Shall be of the same operating style or a style that provides a greater window opening area than the original
- Casement (crank-out) windows that have operating hardware locate at other than near the jam (for ease of cleaning) shall maintain the minimum egress width of 20"

### **Installation**

- Windows and doors shall be installed according to manufacturer's installation instructions
- Where flashing details are not provided a pan flashing shall be install at the sill to direct water to the surface of the exterior wall finish or the weather resistive barrier. A flashing shall be installed at the head and sides of all doors and windows

When work is ready, an inspection must be requested and made prior to concealing, or pictures must be taken and available at **site** for final inspection. Inspection hours are 9:00 AM to 3:15 PM – Weekdays. All inspections require at least 24 hour notice to the Building Department 651-280-6830.

# City of Farmington

430 Third St., Farmington, MN 55024  
651-280-6830 Fax 651-280-6839



## Application For Building Permit

Date \_\_\_\_\_

Permit No. \_\_\_\_\_

<b>Site Address</b>	_____
<b>Legal Description</b>	Lot _____ Block _____ Addition _____

<b>Property Owner</b>	Name/Company _____ Phone No. _____
	Address _____
	City _____ State _____ Zip _____
	<b>Email address</b> _____
<b>Contractor</b>	Company _____ Phone No. _____
	Contractor License No.: _____ Expiration Date _____
	Address _____ Phone No: _____
	City _____ State _____ Zip _____
	<b>Email address</b> _____

**Description of Project** \_\_\_\_\_ **Est. Value of Project** \_\_\_\_\_

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Farmington to the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Farmington and the State of Minnesota

**Applicants Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>Bldg Permit Type:</b>	<input type="checkbox"/> - SFD	<input type="checkbox"/> - Public	<input type="checkbox"/> - Porch	<input type="checkbox"/> - Other
	<input type="checkbox"/> - Duplex	<input type="checkbox"/> - Garage	<input type="checkbox"/> - Demo. Res.	
	<input type="checkbox"/> - Res. Multi.	<input type="checkbox"/> - Pool	<input type="checkbox"/> - Demo. Non.Res.	
	<input type="checkbox"/> - Commercial	<input type="checkbox"/> - Move	<input type="checkbox"/> - Interior Finish	
	<input type="checkbox"/> - Industrial	<input type="checkbox"/> - Other Structure	<input type="checkbox"/> - Roof	
	<input type="checkbox"/> - Institutional	<input type="checkbox"/> - Deck	<input type="checkbox"/> - Siding	
<b>Work Type:</b>	<input type="checkbox"/> - New	<input type="checkbox"/> - Addition	<input type="checkbox"/> - Interior. Finish	<input type="checkbox"/> - Reside
	<input type="checkbox"/> - Remodel/Alt.	<input type="checkbox"/> - Repair/Replace	<input type="checkbox"/> - Masonry Veneer	<input type="checkbox"/> - Reroof

*This permit shall be null and void if authorized work is not started within 180 days or if work is suspended or abandoned for 180 days or more after work is started.*

# OFFICE USE ONLY

<b>Office Use</b> <b>Required</b> <b>Inspections</b>	<input type="checkbox"/> - Footing <input type="checkbox"/> - Foundation <input type="checkbox"/> - Framing <input type="checkbox"/> - Insulation	<input type="checkbox"/> - Sheet Rock <input type="checkbox"/> - Final <input type="checkbox"/> - Re-Roof	<input type="checkbox"/> - Other _____
<b>Office Use</b> <b>Census Code:</b>	<b>New</b> <input type="checkbox"/> 101 - 1 Fam. Res. <input type="checkbox"/> 102 - 1 Fam. Attached <input type="checkbox"/> 103 - 2 Fam. (Duplex) <input type="checkbox"/> 104 - 3&4 Family <input type="checkbox"/> 105 - 5 or more Family  <input type="checkbox"/> 213 - Hotel/Motel	<b>New</b> <input type="checkbox"/> 214 - Other Shelter <input type="checkbox"/> 318 - Amusement/Rec. <input type="checkbox"/> 319 - Place of Worship <input type="checkbox"/> 320 - Industrial <input type="checkbox"/> 321 - Non Res. Garage <input type="checkbox"/> 322 - Service Station <input type="checkbox"/> 323 - Hosp./Institution	<b>New</b> <input type="checkbox"/> 324 - Office/Bank <input type="checkbox"/> 325 - Utilities <input type="checkbox"/> 326 - Schools/Ed. <input type="checkbox"/> 327 - Retail/Rest. <input type="checkbox"/> 328 - Other Nonres. <input type="checkbox"/> 329 - Nonbldg  <input type="checkbox"/> 434 - Alt./Add/ Res. <input type="checkbox"/> 437 - Alt./Add. Nonres. <input type="checkbox"/> 438 - Alt./Add. Res. Gar. <input type="checkbox"/> 645 - Demo 1-Fam. <input type="checkbox"/> 646 - Demo 2-Fam. <input type="checkbox"/> 647 - Demo 3&4 Fam. <input type="checkbox"/> 648 - Demo 5 or more <input type="checkbox"/> 649 - Demo Other

Description	Cost per Square Foot	Square Feet	Valuation
1 <sup>st</sup> Floor			
2 <sup>nd</sup> Floor			
Basement – Finished			
Basement - <i>Unfinished</i>			
Garage			
Deck			
Other			
		<b>TOTAL</b>	

**Application Approved By:**

\_\_\_\_\_  
City Planner/Zoning

**Date** \_\_\_\_\_

**Permit Approved:**

\_\_\_\_\_  
Building Official/Inspector

**Date** \_\_\_\_\_

**Grading Plan Approved:**

\_\_\_\_\_  
Engineering

**Date** \_\_\_\_\_

**Fire Code Compliance:**

\_\_\_\_\_  
Fire Marshal

**Date** \_\_\_\_\_