



Window Replacement Compliance Certification Form

<u>Job Address:</u>	45 Belleview Avenue		
<u>Date Permit Issued:</u>	March 10, 2020	<u>APN:</u>	052-171-004
<u>Permit No.:</u>	032002	<u>Receipt No.:</u>	252980

APPLICANT: (Individual to be contacted regarding status?) ☐ Owner ☐ Contractor ☐ Arch/Design ☐ Engineer
 Applicant & CO. Name: _____ Phone #: _____
 Mailing Address: _____ Fax#: _____
 City/State/Zip: _____ E-mail: _____

PROPERTY OWNER:
 Name: _____ Phone #: _____
 Mailing Address: _____ Fax#: _____
 City/State/Zip: _____ E-mail: _____
 Will the Owner have any Employee's working on the jobsite? ☐ Yes ☐ No
 If "Yes" provide copy of Workman's Compensation Insurance Policy

CONTRACTOR: (As on License)
 Contractor's Name: _____ Phone #: _____
 Mailing Address: _____ Fax#: _____
 City/State/Zip: _____ E-mail: _____
 California State License: _____ License Class: _____ Exp. Date: _____
 Workman's Compensation Insurance Policy Number: _____ On file with CSLB? ☐ Yes ☐ No
 Insurance Co.: _____ City/State/Zip: _____

I certify that the windows, including flashing, for the above site address were installed per the manufacture's specifications, and according to the currently adopted 2019 California Residential Code, including light, ventilation and egress requirements.

☐ Owner:
 Signature: _____ Date: _____

☐ Contractor:
 Signature: _____ Date: _____