

City of Farmington
430 Third Street
Farmington, MN 55024
651-280-6830
651-280-6840



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 required.**
Pictures must include the pan or sill flashing.

***Pictures of opening for window inserts are required to verify integrity of existing frame.**

***We must be able to identify building in the pictures. Have pictures available ON SITE for final inspection.**

Safety Glazing required in hazardous locations

- Glazing that is 9 ft² 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
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Application For Building Permit

Date _____

Permit No. _____

Site Address	_____
Legal Description	Lot _____ Block _____ Addition _____

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

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** _____

Bldg Permit Type:	<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	
Work Type:	<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

Office Use Required Inspections	<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 _____
Office Use Census Code:	New <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	New <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	New <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 st Floor			
2 nd Floor			
Basement – Finished			
Basement - <i>Unfinished</i>			
Garage			
Deck			
Other			
		TOTAL	

Application Approved By:

City Planner/Zoning

Date _____

Permit Approved:

Building Official/Inspector

Date _____

Grading Plan Approved:

Engineering

Date _____

Fire Code Compliance:

Fire Marshal

Date _____