



Maynard Building Department

195 Main Street
Maynard, MA 01754
Tel: (978) 897-0574
Fax: (978) 897-8457

Approved by	_____
Date	_____
Permit #	_____
Fee	_____
Check #	_____

APPLICATION FOR PERMIT TO INSTALL WINDOWS AND/OR DOORS

Location of Building

No. _____ Street _____ Map _____ Lot _____

Owner _____ Phone _____

Address _____ Zip Code _____

Use of Structure _____

Contractor _____ Phone Number _____

Company Name _____ HIC# _____ Exp. Date _____

Address _____ CSL# _____ Exp. Date _____

"Persons contracting with unregistered contractors do not have access to the guaranty fund (as set forth in MGL c.142A)."

Description of Proposed New Replacement Windows and/or Doors

Windows _____ No. _____ U-value _____ New? _____ Replacement? _____

Location _____

Doors _____ No. _____ U-value _____ New? _____ Replacement? _____

Location _____

Load Bearing Wall? _____ Header Size _____

Attach sketch for framing of new/replacement rough opening.

*Note: New headers or enlarged rough opening must have a framing inspection.

Additional work _____

Debris Disposal

Debris resulting from this work **shall** be disposed at _____
which is a properly licensed solid waste disposal facility as required by MGL, C 111, S 150A

Estimated Cost of Improvement \$ _____

Additional Remarks _____

Signature of Applicant _____ Date _____

Received by _____ Date _____

**Complete Application must be accompanied by: 1) Workers' Compensation Insurance Affidavit
2) Form For Verification of Tax Status**