

DATE	SUMMIT COUNTY COMMUNITY DEVELOPMENT	WINDOW PERMIT NUMBER
WINDOW PERMIT APPLICATION		

PROJECT INFORMATION	OCCUPANCY CLASSIFICATION															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">STREET ADDRESS</td> <td style="width: 33%; border-bottom: 1px solid black;">CONDO & UNIT NUMBER</td> <td style="width: 34%; border-bottom: 1px solid black;">SUBDIVISION</td> </tr> <tr> <td style="border-bottom: 1px solid black;">OWNER</td> <td style="border-bottom: 1px solid black;">ADDRESS</td> <td style="border-bottom: 1px solid black;">PHONE</td> </tr> <tr> <td style="border-bottom: 1px solid black;">CONTRACTOR <input type="checkbox"/> HOMEOWNER/BUILDER</td> <td style="border-bottom: 1px solid black;">ADDRESS</td> <td style="border-bottom: 1px solid black;">PHONE</td> </tr> <tr> <td style="border-bottom: 1px solid black;">CONTACT PERSON</td> <td style="border-bottom: 1px solid black;">PHONE</td> <td style="border-bottom: 1px solid black;">CELL</td> </tr> <tr> <td style="border-bottom: 1px solid black;">APPLICANT NAME (print please)</td> <td colspan="2" style="border-bottom: 1px solid black;">APPLICANT SIGNATURE</td> </tr> </table>	STREET ADDRESS	CONDO & UNIT NUMBER	SUBDIVISION	OWNER	ADDRESS	PHONE	CONTRACTOR <input type="checkbox"/> HOMEOWNER/BUILDER	ADDRESS	PHONE	CONTACT PERSON	PHONE	CELL	APPLICANT NAME (print please)	APPLICANT SIGNATURE		R-1 R-2 R-3 SFR/ATTACHED/TOWNHOME R-4
STREET ADDRESS	CONDO & UNIT NUMBER	SUBDIVISION														
OWNER	ADDRESS	PHONE														
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CONTACT PERSON	PHONE	CELL														
APPLICANT NAME (print please)	APPLICANT SIGNATURE															

THIS PERMIT IS SOLELY FOR THE REPLACEMENT OF NEW WINDOWS INTO EXISTING OPENINGS. ANY STRUCTURAL CHANGES WILL REQUIRE A BUILDING PERMIT

DESCRIPTION OF WORK: WINDOW REPLACEMENT/NON-STRUCTURAL

CONTRACTOR VALUATION (FOR STAND ALONE WINDOW PERMITS ONLY)

TOTAL VALUE OF WORK, INCLUDING MATERIALS & LABOR \$ _____



BUILDING INSPECTION DEPARTMENT

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www.SummitCountyCO.gov

0037 Peak One Dr. | PO Box 5660
Frisco, CO 80443

Credit Card/eCheck Authorization Form

Sign and complete this form to authorize Summit County Government to make a one-time charge to your credit card or payment with an eCheck listed below.

By signing this form, you give Summit County Government permission to debit your account for the amount indicated on or after the authorization date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ authorize Summit County Government to charge my
(Cardholder's Full Name)

credit card account indicated below for technical permit or window permit fees.

This payment is for _____
(Site Address)

Billing Information

Phone # _____ Email _____

Card Details (Please note Credit Card Fee 75 cents plus 2.25%)

Visa MasterCard Discover American Express

Cardholder Name _____
Account/CC Number _____
Expiration Date ____ / ____
CVV ____

Banking Information for eCheck Payment (\$1 fee)

Name on Account _____
Routing Number _____

Account Number _____ Checking Savings

I authorize Summit County Government to withdraw from account indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____ DATE _____

Please send authorization form via secure email or fax (970) 668-4255