



Corinth Planning & Development
 https://www.cityofcorinth.com/141/Planning-Development



Window Replacement Application

RESIDENTIAL COMMERCIAL

please print

Job Address: _____ Owner's Phone No.: _____
 Property Owner: _____ Email: _____

Contractor: _____ Phone No.: _____

Address: _____ Email: _____

U FACTORS:

SHGC:

You may E-Mail the application & documents to delilah.garcia@cityofcorinth.com

- All Bedrooms must comply with Emergency Egress Requirements
- All permit approvals **MUST COMPLY WITH IRC R3-10**

I HEREBY CERTIFY BY MY SIGNATURE BELOW THAT: 1) I UNDERSTAND THAT I AM THE PERSON SOLELY RESPONSIBLE FOR INSPECTIONS AND ALL RELATED FEES AND CHARGES, 2) I AGREE TO ABIDE BY ALL LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WHETHER SPECIFIED HEREIN OR NOT, AND 3) I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT.

Applicant is the: Property Owner Contractor

Applicant's Name: _____ Date: ____/____/____

Applicant's Signature: _____ Date: ____/____/____

OFFICIAL USE ONLY BELOW THIS LINE

PLANS REVIEW AND APPROVED BY:

PERMIT APPROVAL DATE:

Permit Number: