



CITY OF CALDWELL
Department of Building Safety
205 S. 6th Ave.
Caldwell, ID 83605
Ph: 208-455-3024
Brett Clark, C.B.O., Building Official
Website * www.cityofcaldwell.org

WINDOW REPLACEMENT APPLICATION

PROJECT INFORMATION

Building Address: _____

Type of Structure: One or Two Family _____ Multi-Family _____ Commercial _____

Owner: _____ Phone: _____

Address: _____

Contractor: _____ Phone: _____

Address: _____

RCE#: _____ Expiration Date: _____

Are any window sizes being changed? Yes No

Signature of Owner: _____ **Date:** _____

Or owners representative

OFFICIAL USE

BP# _____ Building Approval: _____ Project Value: \$ _____

Planning Approval: _____ Fees: BP: _____ BPR: _____ P&ZPR: _____

Total Fees: _____ CHK# _____

PROVIDE A SKETCH BELOW OF A FLOOR PLAN DEPICTING LOCATIONS OF ALL WINDOWS BEING REPLACED.
*THIS APPLICATION IS NOT TO BE USED IF THERE IS A CHANGE IN SIZE OF ANY WINDOWS, OR WINDOW WELLS ARE BEING INSTALLED.
PLEASE ATTACH A SEPARATE SHEET IF NEEDED.*