



Development Services Department Building Division

WINDOW VERIFICATION FORM

FOR CONTRACTOR USE ONLY. DO NOT USE IF OWNER-BUILDER

SITE ADDRESS: _____ APN: _____

OWNER: _____ PERMIT#: _____

This form is a permanent Building Department record. I affirm, under penalty of perjury, that I am a contractor licensed in the State of California doing the work and:

_____ The windows have been installed to prevent water and air intrusion. The installation complies with manufacturer's installation instructions.

Window installations with a total value of labor and material not exceeding \$1,000.00 will not require updated smoke detectors or carbon monoxide alarms (CA Res Code R315.22, 314.4.6.2).

This form must be completed and available to the Building Inspector at the time of final inspection.

Contractor Name: _____ License #: _____

Contractor Signature Date