

REQUIRED MATERIALS FOR RESIDENTIAL BUILDING PERMITS (WINDOW REPLACEMENT)

The following materials shall be submitted and reviewed by the Johnson County Planning & Zoning Department PRIOR to the approval of a residential building permit. If any of the materials are absent, the building permit **WILL NOT BE ISSUED** until all the required materials are submitted. **This permit can be issued on the same day of submittal UNLESS the chief building official is out of the office.**

- **A Current Contractor Listing:** If the contractor is pulling the permit, they must be listed with the County.
- **A Signed & Notarized Contractor Listing Exemption Affidavit:** If the homeowner is pulling the permit.
- A completed, signed and dated **application form:** Also available on the Johnson County Planning & Zoning website
- One copy of the **recorded deed** for the property (with Recorder's Stamp),
available from the Johnson County Recorder's Office (346-4385)
- **Two copies of the Energy Sticker for the new window(s)**
 - 1 Elevations (front, back, both sides, whichever is applicable to the replacement)
 - 2 Wall Section
 - 3 Window/Door Framing Detail
 - 4 Specifications for engineered products
- **Two copies of the Floor Plan** showing the location of the windows being replaced.
- Inspections will include:
 - ➔ **Pre-Installation:** This will be done PRIOR to removal of old windows and installation of new windows
 - ➔ **Post-Installation:** This will be done AFTER installation of new windows

➔ **Note** - any window replacement(s) MUST follow the Building Codes as noted in this packet



JOHNSON COUNTY

Department of Planning and Zoning
86 West Court Street
Courthouse Annex
Franklin, Indiana 46131

Phone (317) 346-4350
Website: www.co.johnson.in.us

R310.1.5 Sleeping room replacement window alterations: When replacing existing sleeping room windows, at least one of the replacement windows within that sleeping room shall comply with Section R310.5. Replacement windows that do not meet the current emergency escape requirements of Section R310, without structural alterations to the dwelling, may be installed as long as they meet the following requirements.

1. Replacement window installation shall not reduce the existing net clear opening by more than 6 inches horizontally and 6 inches vertically, except that awning replacement windows shall not reduce the existing opening by more than 3 inches vertically.
2. In no case shall the replacement window net clear opening height be less than 22 inches and the net clear opening width be less than 20 inches.
3. Double hung or sliding replacement windows shall have both sashes removable without the use of a key or tool. Single hung installations are not allowed by this section.
4. Casement and awning replacement windows may obtain the required net clear opening with the use of egress hardware.
5. If the replacement window cannot meet the minimum requirements listed in subsections 1,2,3, and 4, the existing window shall be replaced with a like window without reducing the existing net clear opening.

N1102.3.5 Replacement fenestration. Where some or all of an existing fenestration unit is replaced with a new fenestration product, including sash and glazing, the replacement fenestration unit shall meet the applicable requirements for U-factor in table N1102.1



Johnson County Department of Planning & Zoning
Residential Building Permit Application
(Window Replacement)

LOCATION OF WORK:

Address: _____

City/Zip: _____

Township: _____

Subdivision: _____

Section: _____ Lot #: _____

CONTRACTOR: (only fill this section out,
if you are a listed contractor) (if you are the homeowner
pulling permit, just write HOMEOWNER)

Name: _____

Address: _____

City/State/Zip: _____

Telephone #1: _____

Telephone #2: _____

Email: _____

How would you like to be notified when the permit
is ready?(please circle one) Phone or Email

PROPERTY OWNER(S):

Name(s): _____

Address: _____

City/Zip: _____

Telephone #1: _____

Telephone #2: _____

Email: _____

How would you like to be notified when the permit
is ready?(please circle one) Phone or Email

NATURE OF WORK:

☐ Window Replacement
of windows being replaced _____

Like-for-like replacement

☐ Yes ☐ No

*if no, are you going from:

☐ larger to smaller

Or

☐ smaller to larger

INTENDED USE OF STRUCTURE: (check one)

☐ Residential:

☐ Agricultural:

*I Certify the information contained on this form, and the plans
submitted are complete and accurate under the penalties of
Perjury. I will be responsible for all applicable laws and ordinances,
and understand that approval of plans and the issuance of a permit
DOES NOT obviate the need to comply with these laws and ordinances.
I agree to hold harmless and indemnify Johnson County, Indiana for any
losses, claims, or liability resulting from the undersigned, principal,
sub-contractor, or supplier's errors of omission and/or commission.*

Signature of Applicant

Printed/Typed Name

Date

DEPARTMENT USE ONLY

Date Received: _____

Time Received: _____

Parcel #: 41- _____

Section: _____

Township: _____

Range: _____

Zoning: _____

Permit #: _____

Permit Fee: **\$150.00** _____

Receipt #: _____

Cash: _____ Credit: _____ Check #: _____

Date Released: _____

Contractor Listing #: _____

Current? Yes ☐ No ☐

Building Plan Review:

Square Footage Calculation:

Building Plans Approved: _____

Building Plans Denied: _____

By: _____

CONTRACTOR LISTING EXEMPTION AFFIDAVIT

I _____, do hereby state that as of this ____ day of _____, 20____ that I am now, and will continue to perform and assume all the responsibilities of and conduct all activity normally performed by a general contractor for the construction of; an addition to; remodeling or renovation of the structure which I intend to or do now occupy. I understand that by executing this document I am assuming any and all legal responsibilities for conforming to all the laws, ordinances, rules and regulations enacted or adopted by Johnson County, Indiana, the State of Indiana, and the United States of America, which pertain to construction, remodeling or renovation of structures in Johnson County, Indiana. This responsibility includes the payment of pertinent fines, fees or penalties.

I HEREBY AFFIRM, UNDER PENALTIES OF PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT.

Signature of Applicant

Printed name of Applicant

State of Indiana)
) SS:
County of _____)

SUBSCRIBED AND SWORN TO BEFORE ME, a notary public,
on this _____ day of _____, 20 ____.

Signature of Notary Public

My Commission Expires: _____

Printed name of Notary Public

Residing in: _____ County, Indiana