



The Town of Rock Hall

21447 Rock Hall Avenue
P.O. Box 367
Rock Hall, Maryland 21661
Phone 410-639-7611
Fax 410-639-7298

Window Replacement Permit

Name:(owner)_____ (Contractor, if installing)_____

Address:_____ Address_____

Date:_____ License# _____

Estimated date of installation:_____

Of windows being replaced_____

I hereby acknowledge that I am replacing windows only. I am not structurally changing the opening to accommodate anything other than the existing size of the window. I am replacing with new windows that meet or exceeds the Maryland "R" value for windows. I agree to the terms set forth above.

Signature:_____

Fee paid (\$50.00) YES_____ NO_____

_____ For Town Use_____

APPROVED_____

DATE:_____

