

Name

Commercial Plan Review - Window Replacement Questionnaire

Plans must be submitted for review unless the answers to all of the following questions are YES or TRUE:

Name			Date				
I, the perm	it applicant,	do hereby attest to the accuracy of the o	answers to the questions above.				
6.	The buildin	g is not a foster care, day care facility, o TRUE	r other building licensed by the state of Minnesota. FALSE				
5.			s the sole window in a space requiring an emergency sing rooms in a residential or institutional occupancy)? FALSE				
4.	No Change	ange of Occupancy is planned now or in the near future for this building TRUE FALSE					
3.	Is (are) exis	sting openable window(s) being replaced YES	l with openable windows? NO				
2.		replacement window(s) the same opera awning, etc.). YES	ting style as the existing window (i.e., double hung,				
	opening?	YES	NO				
1.	Is (are) the	replacement window(s) the largest standard size that will fit in the existing frame or rough					

If the answer to any of the questions above is NO or FALSE, a plan review will be required for replacement windows. Replacement windows in Group R occupancies may require window opening control devices. In Group R occupancies, replacement windows must comply with MN State Building Code requirements for emergency escape and rescue openings. When emergency escape and rescue openings are replaced, smoke alarms shall be installed in accordance with section 907.2.10 of the Minnesota Building Code.

All replacement windows must comply with the MN State Energy Code as required per the tables below.

	Commercial Occup	ancies and	Residential Occupancies		
ASHR	AE Compliance	IECC Compliance		3 stories or less in height	
Metal	.45 max U-factor	Operable	.37 max U-factor	(over 3 stories comply with Commercial)	
Non-Mtl	.35 max U-factor	Fixed	.29 max U-factor	All windows	.32 max U-factor