



TOWN OF OXFORD

Building Department

325 Main Street, Oxford, MA 01540
Phone (508) 987-6045 ext. 4
Fax (508) 987-3934
building@oxford.ma.us

EXTERIOR WINDOW/DOOR CERTIFICATION

PERMIT NO.: _____

PROPERTY ADDRESS: _____

AS THE HOMEOWNER, GENERAL CONTRACTOR AND OR WINDOW/DOOR CONTRACTOR, WHO PERFORMED THE WORK;

I, _____, LICENSE NO. _____

I hereby certify to the best of my knowledge and belief, that the said "EXTERIOR WINDOW/DOOR PROJECT" located at the above listed address, in the Town of Oxford, has been constructed and completed in accordance with all applicable Codes & Regulations of the current Edition of the Massachusetts, 780 CMR, Building Code and also within all Manufacturer's Installation Guidelines.

COMPANY NAME: _____

SIGNATURE OF CONTRACTOR/HOMEOWNER: _____

DATE OF COMPLETION: _____

THIS FORM SHALL BE FILLED OUT BY THE CONTRACTOR / HOMEOWNER AND RETURNED TO THE OXFORD BUILDING DEPARTMENT AT THE COMPLETION OF THE PROJECT PRIOR TO REQUESTING FOR A FINAL BUILDING INSPECTION.