



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.**