



CITY OF FARMINGTON
Planning and Building Department
Building Permit Application

Email: forms-permits-inspections@farmgov.com

Date: ____/____/____

Sidwell # ____ - ____ - ____ - ____

Property Address: _____

Suite/Apartment/Unit _____

Property Owners Name: _____

Phone # _____

Property Owners Email: _____

Property Owners Cell _____

Tenant Name: _____

Phone # _____

Tenant Email: _____

Tenants Cell _____

Contractor Name: _____

Contractor Phone# _____

Contractor Email: _____

Contractor Cell# _____

Contractor Address _____

City _____ State ____ Zip _____

Description of Work: _____

Value of Construction [(not cost) Contract Required] \$ _____.

I have attached a true executed copy of the contract with the property owner

Architect of Record: _____ Phone (____) _____

Contact Name: _____ Cell (____) _____

Street Address _____ Email Address _____@_____

City _____ State _____ Zip _____

Signature of applicant _____ Date _____

Printed Name of applicant _____

Building Officials Approval: _____ Date _____

Stipulations: _____

Note: Sketch can be provided on reverse, actual scaled plans are required depicting proposed construction

Utilize only if necessary (actual plans are required)

