CITY OF FARMINGTON

Planning and Building Department

Residential Zoning 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 _____

☐ Fence ☐ Shed ☐ Other Please Describe_____

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 _____

Zoning Officials Approval:_____ Date_____

Stipulations:_____

_____

_____

Plot Plan