

City of Farmington

APPLICATION FOR MECHANICAL, ELECTRICAL, OR PLUMBING

	Permit Number:		
	Proje	ECT INFORMATION	
Project Address:		Lot:	Zoning:
Applicant Name:		Phone #:	
Applicant Address:			
Property Owner(s):		Phone #:	
Owner Address:			
	Contra	CTOR INFORMATION	
Contractor:			Phone #:
Contractor Address:			
Design Professional:			Phone #:
Type of Work:	Mechanical	Electrical	Plumbing
DESCRIPTION OF PROJECT			
SUBMIT AT LEAST TWO COPIES OF ALL REQUIRED PLANS. CONSTRUCTION DOCUMENTS ARE NOT REQUIRED TO BE PREPARED BY A DESIGN PROFESSIONAL FOR WORK OF A MINOR NATURE, AS DETERMINED BY THE BUILDING INSPECTOR, OR FOR WORK IN ONE AND TWO FAMILY DWELLINGS.			
Applicant Signature:		Date:	