



CITY OF FAIRMONT – 100 Downtown Plaza – Fairmont, MN 56031
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Phone (507)238-9461

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BUILDING PERMIT – SIDING

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

PHONE # _____

ADDRESS OF SIDING PROJECT: _____

STRUCTURE BEING DONE _____ (HOUSE/GARAGE)

IS SIDING BEING REMOVED: _____ TYPE OF SIDING: _____

CONTRACTOR: _____ LICENSE NUMBER: _____

IF HOMEOWNER IS DOING THEIR OWN WORK, CONTRACTOR WAIVER FORM SIGNED AND ATTACHED.

PERMIT FEE: _____ PAID: _____

CASH / CHECK / CREDIT CARD

THE APPLICANT, BY SIGNATURE HEREWITH, AGREES TO COMPLY WITH ALL CITY ORDINANCES AND STATE LAW REGULATING BUILDING CONSTRUCTION, UNDER THIS PERMIT.

APPLICANT SIGNATURE: _____

APPROVED BY: _____

