



CITY OF FAIRMONT – 100 Downtown Plaza – Fairmont, MN 56031
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BUILDING PERMIT WINDOW/DOOR REPLACEMENT

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

PHONE # _____

ADDRESS OF PROJECT: _____

REPLACING: _____ (WINDOWS / DOOR)

EXISTING OPENING: (circle one) YES / NO

LIST HAZARDOUS LOCATIONS REQUIRING TEMPERED GLASS _____

VERIFY WINDOW U-FACTOR PER ENERGY CODE (.32 or less is required) _____

CONTRACTOR: (INCLUDE LICENSE#) _____

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: _____

