



CITY OF FAIRMONT – 100 Downtown Plaza – Fairmont, MN 56031
www.fairmont.org ♦ citygov@fairmont.org

Phone (507)238-9461

Fax (507)238-9469

BUILDING PERMIT – RESIDENTIAL ROOFING

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

PHONE # _____

ADDRESS OF ROOFING PROJECT: _____

REMOVE & REPLACE _____ APPLY OVER EXISTING _____ (ONLY 2 LAYERS ALLOWED)

TYPE OF SHINGLES: _____ (ASPHALT, METAL, ETC)
WOOD FIRRING STRIPS REQUIRED WHEN INSTALLING METAL ROOF PANELS OVER 1 LAYER OF ASPHALT SHINGLES

STRUCTURE BEING DONE _____ (HOUSE/GARAGE)

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: _____

C I T Y O F L A K E S
