



City of Farmington

APPLICATION FOR AN ACCESSORY BUILDING

Permit Number: _____

PROJECT INFORMATION

Project Address: _____ Lot: _____ Zoning: _____

Applicant Name: _____ Phone #: _____

Applicant Address: _____

Property Owner(s): _____ Phone #: _____

Owner Address: _____

CONTRACTOR INFORMATION

Contractor / Installer: _____ Phone #: _____

Contractor / Installer Address: _____

Design Professional: _____ Phone #: _____

DESCRIPTION OF PROJECT

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.....
.....

DIMENSIONS

Area _____ SQFT

Length _____ FT

Width _____ FT

Height _____ FT

TYPE OF BUILDING

_____ Garage

_____ Shed

_____ Portable Building

_____ Portable Carport

_____ Other _____

IN CONJUNCTION WITH

_____ Residential

_____ Commercial

_____ Industrial

_____ Other _____

ATTACH OR DRAW ON THE BACK A PLOT PLAN SHOWING THE LOCATION AND DIMENSIONS OF ALL PROPERTY LINES, SETBACKS, UTILITIES, RIGHT-OF-WAYS, EASEMENTS, EXISTING STRUCTURES, PROPOSED STRUCTURES, AND ANY OTHER PRETINIENT INFORMATION DEEMED NECESSARY BY THE CODE OFFICIAL. STRUCTURAL DETAILS MAY ALSO BE REQUIRED.

Applicant Signature: _____ Date: _____