CITY OF FAIRFIELD SUBDIVISION PERMIT SUBMITTAL FORM

SUBDIVISION NAME_____ CONTACT PERSON: _____
NAME: _____ PHONE #:_____

LOT	ADDRESS	PLAN #	STORIES	#BDRMS	SQ.FT

SUBCONTRACTORS

	ELECTRICAL	MECHANICAL	PLUMBING
Name:			
Street:			
City & Zip:			
Phone#:			
License#:			