



26 West Campbellton Street
Fairburn, GA 30213
770-964-2244 FAX -770-306-6919

Permit #: _____

Date: _____

TEMPORARY TRAILER PERMIT APPLICATION

Site Address: _____ Lot #: _____

Purpose of Trailer: _____

Requested time period: _____ to _____

***** Fee: \$250.00 Non- Refundable *****

Applicant Name: _____ Phone #: _____

Applicant Address: _____

Trailer Description:

Make: _____ Model: _____

Year: _____ Trailer Tag #: _____ State of Issurance: _____

Pull Vehicle Description (if applicable)

Make: _____ Model: _____

Year: _____ Trailer Tag #: _____ State of Issurance: _____

Describe of water supply: _____

Describe of sewer supply: _____

*** A survey must be provided, showing the intended location of the temporary trailer.**

By affixing my signature below, I hereby confirm that all answers supplied by me in the above application are true and correct. I understand that failure to provide truthful information as requested herein, or in any communication with any City of Fairburn official relative to this application, may result in denial of the permit requested. I further understand that, should a trailer permit be issued as a result of this application, discovery of false information supplied in this application, or failure to abide by the laws of any local, state, or federal entity may result in revocation of this permit and/or other penalties as provided by law.

Applicant Signature: _____ Date: _____

City Official: _____ Date: _____

Approval: _____ Denial: _____