

CITY OF FAIR OAKS RANCH

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SOLAR PERMIT APPLICATION

Number of Panels:	
Address (if different than above):	
City:	
City:	
Applicant:	
Applicant email:	
General Contractor: Phone: (
Address:City:ST:	
	Zip:
(OFFICE USE ONLY) City Registration #: Exp Date:	
Electrical Contractor:Phone: ()	
Address:City:ST:	Zip:
(OFFICE USE ONLY) City Registration #: Exp Date:	
Notes:	
Signature of Contractor/Agent	
Signature of Contractor/Agent Da	te
******OFFICE USE ONLY******	
# of Panls x \$8.00 = \$	
INSPECTIONS REQUIRED: DATE REC'D:BY:	
APPROVED BY:	
□ FINAL	