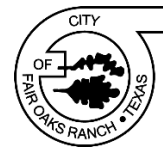




CITY OF FAIR OAKS RANCH
 7286 Dietz Elkhorn
 Fair Oaks Ranch, TX
 PH: (210)698-0900 FAX: (210)698-3565
bcodes@fairoaksranchtx.org
www.fairoaksranchtx.org



**PERMIT APPLICATION
 RESIDENTIAL DETACHED BUILDING**

Project Address: _____ Unit: _____ Lot: _____
 (Street)

Owner Name: _____ Phone: (_____) _____

Address: _____ City: _____ ST: _____ Zip: _____

Project Square Footage: _____

Applicant: _____ Engineer: _____
 (Foundation)

Applicant email: _____ Phone: (_____) _____

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: _____

Plumbing Contractor: _____ Phone: (_____) _____

Address: _____ City: _____ ST: _____ Zip: _____

(OFFICE USE ONLY) City Registration #: _____ Exp Date: _____

Mechanical Contractor: _____ Phone: (_____) _____

Address: _____ City: _____ ST: _____ Zip: _____

(OFFICE USE ONLY) City Registration #: _____ Exp Date: _____

Notes: _____

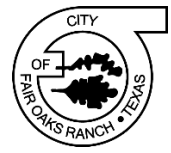
 Signature of Contractor/Agent

 Date

*****MUST COMPLETE BACK PAGE OF THIS APPLICATION*****



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FIXTURE FEES

(Add \$2.50 for each of the following)

<u>ITEM</u>	<u>QTY</u>	<u>ITEM</u>	<u>QTY</u>
Receptacle	_____	Range/Cooktop	_____
Switch	_____	Trash Compacter	_____
Light Fixture	_____	Log Lighter	_____
Ceiling Fan	_____	Barbeque	_____
Smoke/CO Detector	_____	Pressure Reducing Valve	_____
Refrigerator/Freezer	_____	Expansion Tank	_____
Ice Machine	_____	Steam Unit	_____
Exhaust Fan	_____	Sink (lavatory, kitchen, laundry)	_____
Vent Hood	_____	Tub/Shower	_____
Dishwasher	_____	Water Closet	_____
Clothes Washer	_____	Hose Bib	_____
Clothes Dryer	_____	Fire Sprinkler Head	_____

(Add \$5.00 for each of the following)

<u>ITEM</u>	<u>QTY</u>	<u>ITEM</u>	<u>QTY</u>
Electric Panel	_____	Grinder Pump	_____
Water Heater/Boiler	_____	Jacuzzi	_____
Water Softener	_____	Fire Sprinkler Riser	_____
Sewer Line	_____	Backflow (non-irrigation)	_____
Water Line	_____		

(Miscellaneous)

HVAC (\$10 per ton capacity) _____ tons

*****OFFICE USE ONLY*****

Fixture Total _____ x \$2.50 = \$ _____

Square foot _____ x \$ _____ = \$ _____

Fixture Total _____ x \$5.00 = \$ _____

HVAC tons _____ x \$10.00 = \$ _____

PERMIT FEE TOTAL \$ _____

INSPECTIONS REQUIRED:

- | | |
|---|--|
| <input type="checkbox"/> PLUMBING ROUGH | <input type="checkbox"/> FRAMING/ELEC/MECH |
| <input type="checkbox"/> FOUNDATION | <input type="checkbox"/> PLUMBING TOP |
| | <input type="checkbox"/> FINAL |

DATE REC'D: _____ BY: _____

APPROVED BY: _____

DATE APPROVED: _____