



**CITY OF FAIR OAKS RANCH**  
 7286 Dietz Elkhorn  
 Fair Oaks Ranch, TX 78015  
 PH (210) 698-0900 FAX (210) 698-3565  
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**PERMIT APPLICATION**

Please check one: DECK \_\_\_\_\_ DETACHED BUILDING \_\_\_\_\_ FENCE \_\_\_\_\_ IRRIGATION SYSTEM \_\_\_\_\_

Project Address: \_\_\_\_\_  
(Street)

County: \_\_\_\_\_ Unit: \_\_\_\_\_ Lot: \_\_\_\_\_ Project Value: \$ \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

(OFFICE USE ONLY) City Registration #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

**Complete the following section if applicable:**

Electrical Contractor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

(OFFICE USE ONLY) City Registration #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Signature of Contractor/Agent

Date

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

**INSPECTIONS REQUIRED:**

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

DATE REC'D: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_