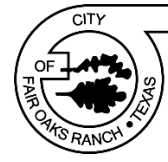


**CITY OF FAIR OAKS RANCH**  
 7286 Dietz Elkhorn  
 Fair Oaks Ranch, TX  
 PH: 210)698-0900 FAX: (210)698-3565  
[bcodes@fairoaksranchtx.org](mailto:bcodes@fairoaksranchtx.org)  
[www.fairoaksranchtx.org](http://www.fairoaksranchtx.org)



**NEW HOME PERMIT APPLICATION**

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

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

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

Applicant Name: \_\_\_\_\_ Engineer: \_\_\_\_\_  
 (Foundation)

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Occupancy Type: \_\_\_\_\_ Sq. Ft: \_\_\_\_\_ Bed #: \_\_\_\_\_ Bath #: \_\_\_\_\_ Car Garage #: \_\_\_\_\_

Water System:  Well  Public Flood Zone:  Y  N Sewer System:  Septic  Public

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: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Contractor/Agent

\_\_\_\_\_  
 Date

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

**INSPECTIONS REQUIRED:**

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

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

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

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