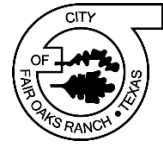


CITY OF FAIR OAKS RANCH
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bcodes@fairoaksranchtx.org
www.fairoaksranchtx.org



PERMIT APPLICATION

Please check one: **DEMOLITION**

DRIVEWAY

MOVE

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

Owner Name: _____ Phone: (____) _____

Impervious Coverage Sq. Ft. (if applicable): _____

Applicant: _____ Phone: (____) _____

Applicant Email: _____

Contractor: _____ Phone #: (____) _____

Address: _____ City: _____ St: _____ Zip: _____

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

Description: _____

Signature of Contractor/Agent _____

Date _____

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

DATE REC'D: _____ BY: _____

APPROVED BY: _____

DATE APPROVED: _____