

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

Please check one:

RESIDENTIAL ADDITION

RESIDENTIAL REMODEL

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

Owner Name: _____ Phone: (_____) _____

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

Project Square Footage: _____ Added Impervious Coverage Sq. Ft. (if applicable): _____

Applicant: _____ Engineer: _____
 (Foundation)

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: _____

Plumbing Contractor: _____ Phone: (_____) _____

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

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

Mechanical Contractor: _____ Phone: (_____) _____

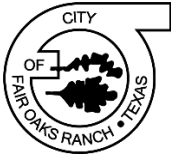
Address: _____ City: _____ ST: _____ Zip: _____

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

Description: _____

 Signature of Contractor/Agent _____ Date _____

******MUST COMPLETE PAGE 2 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"/> WATER/SEWER | <input type="checkbox"/> FINAL |

DATE REC'D: _____ BY: _____

APPROVED BY: _____

DATE APPROVED: _____