



**TRADE PERMIT APPLICATION**

- **ALL IMPROVEMENTS MUST COMPLY WITH THE CODES AND STANDARDS ADOPTED BY THE CITY.**
- **ALL CONTRACTORS MUST BE REGISTERED WITH THE CITY.**
- **ALL INSPECTIONS MUST BE CALLED IN 24 HOURS IN ADVANCE.**
- **INSPECTION REQUEST LINE. (832)381-3298**

PROJECT LOCATION			
911 Assigned address:			
Subdivision:	Lot:	Blk: Sec:	
PROJECT INFORMATION			
Permit type: <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Irrigation <input type="checkbox"/> Other <input type="checkbox"/> Roofing <input type="checkbox"/> Fence			
Proposed use: <input type="checkbox"/> Residential, <input type="checkbox"/> Commercial	Valuation of proposed work:		
Nature of work: <input type="checkbox"/> Repairs only, <input type="checkbox"/> New construction, <input type="checkbox"/> Interior remodel, <input type="checkbox"/> Building addition, <input type="checkbox"/> Other			
TYPE OF PERMIT REQUESTED			
ELECTRICAL	MECHANICAL	PLUMBING/IRRIGATION	
Square footage:	Square footage:	Square footage:	
Service amperage:	# of tons:	Grease trap:	
# of circuits:	# of Exhaust hoods/ fans:	Water heater:	
# of motors: HP:	Duct replacement:	Sewer line:	
# of ranges/ovens:	Other (specify):	Water service line:	
Temp electric pole:	<b>Please circle the type of inspections required.</b>  Underground Mechanical Rough (Residential Only) Duct Seal Ceiling Cover Final Other:	Gas openings:	
Mobile home pole:		Gas test:	
Meter set:		Irrigation heads:	
<b>Please circle the type of inspections required.</b>  T-Pole Underground Electric Rough (Residential Only) Wall Cover Ceiling Cover Temporary Cut In Final Other:	<b>Please circle the type of inspections required.</b>  Underground Top Out (Residential Only) Wall Cover Ceiling Cover Gas Test Final Other:	Backflow preventers:	

**City of Oak Ridge North**

27424 Robinson Road • Oak Ridge North, Texas 77385

(832)381-3301 • Fax (281) 367-7729

<b>ROOFING</b>	<b>FENCE</b>	<b>FENCE CONT.</b>
Square footage:	Material:	Site survey required:
	Linear feet:	
	Height:	
<b>Description of work being Done:</b>		
<b>OWNER or OWNER'S AGENT INFORMATION</b>		
<b>**Home owner permit requests must be accompanied by proof of homestead exemption status**</b>		
Name:	Phone:	Fax:
Address:		
Email:		
<b>CONTRACTOR INFORMATION</b>		
Name:	Phone:	Fax:
Address:		
Email:		

The undersigned Owner/ Agent/ Contractor, has read all of the information contained in this application, agrees to conform to all applicable Federal, State, and local laws, and certifies the information provided herein is true and correct.

Signature of Applicant	Printed Name	Date
------------------------	--------------	------

How do you prefer to receive correspondence? Please circle one.                      Mail,    E-Mail,    Fax,    Pick-up.

**OFFICE USE ONLY**

Regulated Floodplain:	In	Out	Zone:	BFE:	LFFE:	Panel #
Zoning District:						
Approved by:	Date:	Issued by:	Date:			
Permit Fees:	Plan Review Fees:			Inspection Fees:		
Registration Fees:	Other Fees:					
Total Fees:	Permit Number:					