



CITY OF FAIR OAKS RANCH

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PERMIT APPLICATION

Please check one:

☐

DEMOLITION

☐

MOVE

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

Owner Name: _____ Phone: (____) _____

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: _____