



TRADE PERMIT APPLICATION

- **SUBMIT PERMITS TO PERMITS@OAKRIDGENORTH.COM**
- **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 OR EMAILED IN 24 HOURS IN ADVANCE.**
- **INSPECTION REQUEST LINE. (832)381-3298.**
- **EMAIL: INSPECTIONS@OAKRIDGENORTH.COM**

PROJECT LOCATION			
911 Assigned address:		Existing Permit Number:	
Subdivision:	Lot:	Blk:	Sec:
PROJECT INFORMATION			
Permit type: <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical			
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 (2020 NEC)	MECHANICAL (2018 IRC and IMC)	PLUMBING (2018 IRC and IPC)	
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:		Gas openings:	
Mobile home pole:		Gas test:	
Meter set:		Irrigation heads:	
Please check the type of inspections required. T-Pole Underground Electric Rough Wall Cover Ceiling Cover Temporary Cut In Final Other:	Please check the type of inspections required. Underground Mechanical Rough Duct Seal Ceiling Cover Final Other:	Backflow preventers:	
		Please check the type of inspections required. Underground Top Out Wall Cover Ceiling Cover Gas Test Shower liner Final Other:	

City of Oak Ridge North

27424 Robinson Road • Oak Ridge North, Texas 77385

(832)381-3301 • Fax (281) 367-7729

Description of work being Done:		
OWNER or OWNER'S AGENT INFORMATION		
Home owner permit requests must be accompanied by proof of homestead exemption status		
Name:	Phone:	Fax:
Address:		
Email:		
CONTRACTOR INFORMATION		
Contractor Name:	Phone:	Fax:
Company Name:		
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. **Homeowners may only obtain permits if the work is performed by the homeowner only.**

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

How do you prefer to receive correspondence? Check 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:					