

**RESIDENTIAL INSPECTION APPLICATION
CITY OF RIVER OAKS
4900 RIVER OAKS, TX 76114
PH: 817-626-5421 EXT. 329
FAX: 817-624-2154
EMAIL: permits@riveroakstx.com**

Please Print

Property Address: _____

Applicant's Name: _____

Mailing Address: _____

Phone Number: _____ Email address: _____

Is the structure vacant?: _____ Is a utility release needed?: _____

How many units are on the property: _____ Owner _____ Tenant _____ Make Ready _____

Who will occupy the premises? : _____

Property Owner's Name: _____

PERMITS ARE NON-REFUNDABLE. I understand that if the initial Certificate of Occupancy inspection reveals violations, **compliance must be met within 30-days from the date of the initial inspection.** It is the responsibility of the applicant/owner to call the Inspections Department and schedule a re-inspection if necessary. If compliance is not met within the 30-days allowed, a re-inspection fee of \$40.00 will be required and/or the applicant and/or owner may be subject to the issuance of a municipal citation and/or the utilities may be disconnected at the discretion of the Inspector. Upon re-inspection, the property must be in full compliance or the applicant and/or owner will receive a municipal citation and/or the utilities will be disconnected. **I understand I must be present for the inspection or a re-inspection fee may be charged.**

Signature of Applicant

Date

Last C/O: _____	ECO: _____	Certificate of Occupancy: _____
Permit #: _____		
Appointment Date and Time: _____		
Authorized City Official: _____		