

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

**Please Print**

Property Address: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

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: _____		

