



TOWN OF FAIRVIEW PERMIT APPLICATION

Project Address _____ Subdivision/Lot/Block _____

Scope of Your Work _____

Property Owner (Name, Phone, & Email) _____

General /Project Contractor _____ Phone _____

Address _____

Email _____

Electrical Contractor: _____ Phone: _____ Email _____

Plumbing Contractor: _____ Phone: _____ Email _____

Mechanical Contractor: _____ Phone: _____ Email _____

Fire Suppression Contractor: _____ Phone: _____ Email _____

Fire Alarm Contractor: _____ Phone: _____ Email _____

WHEREAS the Town, therefore, desires to grant to Republic Services the right to operate as the sole provider for Town-provided services of collection, transportation, and disposal of residential, commercial, and industrial (both permanent and temporary) Garbage and Trash, Construction and Demolition Debris, and Recycling, subject to the terms of this Contract. Additional questions, service requests and concerns, should be directed to the Republic Services at 972-422-2341 or via their website at RepublicServices.com/Customer-Support

PROJECT INFORMATION

Type of Building: Residential Commercial Valuation of work \$: _____

Type of Permit: HVAC Electrical Plumbing Irrigation Re-Roof Solar panels Cell Tower/Antennas

Swimming Pool (Please list your registered Electrician & Plumber) Spa Only Pool Demo Other _____

FEES:

PLAN REVIEW FEES	\$75.00	SWIMMING POOL PERMIT FEE	\$225.00
HVAC PERMIT FEE	\$100.00	SPA ONLY	\$50.00
ELECTRICAL PERMIT FEE	\$100.00	POOL DEMO PERMIT FEE	\$100.00
PLUMBING PERMIT FEE	\$100.00	SAFE ROOM / STORM SHELTER	\$50.00
REROOF PERMIT FEE	\$75.00		
IRRIGATION PERMIT FEE	\$200.00	GRAND TOTAL	\$ _____

Note: Please allow 7-10 business days for processing

The undersigned applicant hereby declares that the above facts are true and correct and that the construction proposed herein will be performed in conformity with existing regulations as pertain to building and zoning as passed by the Town Council of the Town of Fairview, Texas. MUST MEET CODES. SUBJECT TO FIELD INSPECTIONS.

APPLICANT SIGNATURE _____ DATE _____

TOWN APPROVED _____ PLAN REVIEW DATE _____

PICKUP SIGNATURE _____ DATE _____

THE TOWN OF FAIRVIEW
STORM SHELTER REGISTRATION



First Name _____

Last Name _____

Address _____

City/State/Zip _____

Phone _____ Alt Phone _____

Email _____

Storm Shelter Location

Type 1 In-Ground Above Ground

Type 2 Inside Garage Inside House

of people living in the home _____

Emergency Contact Information:

Name _____

Cell Phone _____ Work Phone _____

Email _____@_____

I authorize the Town of Fairview to enter the above information into a Shelter Database for Emergency use only.