



TOWN OF FAIRVIEW
MECHANICAL, ELECTRICAL, PLUMBING, IRRIGATION
PERMIT

Project Address _____ Subdivision/Lot/Block _____

Scope of Work _____

Property Owner (Name, Address, Phone, & Email) _____

Contractor: _____ Phone: _____ Email _____

Contractor Address: _____

Business/Tenant Name: _____

**CURRENT CODES: 2024 IPC, 2024 IMC, 2024 IRC, 2024 IBC, 2024 IFGC, 2026
NEC (WITH ADMENDMENTS)**

WORK BEING DONE: _____ **TYPE:** _____

- Water Filter Alteration/Remodel Solar Stand Alone Permit
- Electrical Mechanical Plumbing
- Addition
- Irrigation
- Generators
- New Construction (Shell) New Construction/Finish Out Commercial Demo

Valuation of work \$: _____ Square Footage _____ in/ft **(Total under roof)**

Electric Provider: _____ Gas Provider: _____

NOTE: There may be required forms and information sheets for the specific type of work being done.. Please contact the permits department for required submittal.

Remote Virtual Inspections RVI Instructions:

- All remote inspections should be scheduled a minimum of one business day prior to the requested date.
- Schedule inspection either on-line or by telephone. inspections@fairviewtexas.org / 972-886-4250
- Schedule after-hours or emergency inspections on a case-by-case basis. Additional fees apply.
- Video telephony platform: Face-time (Note: Please leave a call back number for the inspector if you are requesting face time.)
- When scheduling the inspection, provide the address, permit number, and type.
- Remote virtual inspection (RVI) may be done via live stream, pictures, video or any combination.

NOTICE TO APPLICANT: This permit is issued based on information furnished in this application and on any submitted plans and is subject to the provisions and requirements of the Town of Fairview Code of Ordinances and any other applicable ordinance. This permit is used only for the purpose of allowing construction or trade work conforming to the codes and ordinances of the Town, regardless of information and/or plans submitted.

APPLICANT SIGNATURE _____ DATE _____

TOWN APPROVED _____ PLAN REVIEW DATE _____

PICKUP SIGNATURE _____ DATE _____

TOWN OF FAIRVIEW, 372 TOWN PLACE, FAIRVIEW, TEXAS 75069, 972-562-0522

AUTOMATED INSPECTION LINE: 972-886-4250
APRIL 28, 2025



IRRIGATION CHECKLIST

Minimum Design Requirements- Texas Administrative Code Title 30 Ch. 344.61

1. Irrigation plans must be legible and drawn to scale.
2. A legible valid irrigators seal, signature, date signed and license number.
3. Physical features: Trees, slopes and impervious surfaces, sidewalks, driveways, fences, wells, on-site sewage facilities, buildings and flower beds.
4. North Arrow.
5. Legend.
6. Boundaries of area to be irrigated and areas not to be irrigated clearly identified.
7. Zone flow measurements for each zone.
8. Location of controller(s).
9. Location and type of sensors used (e.g. rain and freeze sensors).
10. Location, type and size of water source(s.)
11. Location, type and size of water emission devices.
12. Location, type and size of the backflow prevention assembly.
13. Location, type and size of all valves (e.g. isolation valve, master valve, or zone valve)
14. Location, type and size of pressure regulating components.
15. Location, type and size of main and lateral pipe material.
16. Design pressure calculation indicating operating pressure with total pressure losses to the water source. Provide hydraulic calculations indicating pressure at the largest and furthest zones from the water source.



Photo/Video Inspection Certification

I hereby swear and affirm that the photos and/or videos which I have submitted for review in conjunction with the Permit listed below is a true and accurate documentation of the work performed.

I acknowledge that by submitting inaccurate or incorrect information, photos or videos, I am falsifying official government documents of the Town of Fairview and may be prosecuted to the fullest extent of the law, which may include fines and citations from the Town of Fairview and further action from the State of Texas. I also understand that the Town of Fairview may not accept these photos and/or videos as sufficient and may require an onsite visit or more photo/video documentation.

***This must be signed and on file prior to scheduling this inspection.**

PERMIT NUMBER: _____ DATE: _____

ADDRESS OF WORK PREFORMED: _____

TYPE OF WORK: _____

NAME OF COMPANY: _____

PRINT NAME OF (CONTRACTOR/RMP): _____

LICENSE NUMBER OF (CONTRACTOR / RMP): _____

SIGNATURE OF (CONTRACTOR/ RMP): _____