

APPLICATION FOR BUILDING PERMIT

PERMITS DEPARTMENT 202 N. VIRGINIA STREET PORT LAVACA, TX 77979
(PH: 361-552-9793 Ext. 229 Fax: 361-552-6062)

DATE: _____ PERMIT NO.: _____

JOB ADDRESS: _____

FLOOD ZONE: _____ MAP FIRM NO.: 480099000 _____ B

SUBDIVISION: _____ BLOCK: _____ LOT: _____

OWNER'S NAME:

ADDRESS: _____
Street
City
State
Zip Code

CONTRACTOR: _____

TELEPHONE: _____ Licensed in City? Yes _____ No _____

Occupancy Type: (Check One)	Has Construction Started?	Yes	No

One or two Family Dwelling	_____	Commercial	_____
Apartments (Less than 5 Units)	_____	Public	_____
Apartments (More than 5 Units)	_____	Storage	_____
Other	_____	Assembly	_____

PLANS SUBMITTED:

Site	Foundation	Floor Plan	Structural
Mechanical	Plumbing	Drainage/Parking	Electrical

Construction Value: (Materials and Labor) \$

DESCRIBE PROJECT:

Alteration, Additions or Demolition requires an Asbestos Survey (State Law)

Asbestos Survey Completed: (Notes)	Yes	No

Have ADA requirements been reviewed & approved by State Agency? Yes No

BE SURE TO CALL 1-800-344-8377 BEFORE DOING ANY DIGGING.

I/WE ACKNOWLEDGE THAT AS A PERMIT HOLDER, I/WE ARE RESPONSIBLE TO CONSTRUCT THIS PROJECT IN ACCORDANCE WITH ALL APPLICABLE CODES, LAWS AND/OR ORDINANCES.

SIGNATURE OF APPLICANT: