

CITY OF PORT LAVACA
APPLICATION FOR PLUMBING 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: _____ Registered in City? Yes No

DESCRIBE PROJECT: _____

| Plumbing Type: (Check One) | Has Plumbing Started? | Yes | No |
|----------------------------|-----------------------|-----|----|
| | | | |

| | | |
|--|----------|------------------------------|
| | \$ 65.00 | New Residential Construction |
| | \$ 75.00 | Re-Route |

| | |
|----------|-------------------|
| \$ | Addition |
| \$ 35.00 | Replace or Repair |

Please List Number of Fixtures (If Applicable)

| | | |
|--|---------|---------------------------------|
| | \$ 4.00 | Gas A/C |
| | \$ 4.00 | Bath Tub/ Shower |
| | \$ 7.00 | Hose Bibs/Vacuum Breaker (5) Ea |
| | \$ 1.50 | Hose Bibs/Vacuum Breaker(6+) Ea |
| | \$ 4.00 | Clothes/ Dish Washer |
| | \$ 7.00 | Drainage Piping |
| | \$ 4.00 | Drinking Fountain |
| | \$ 4.00 | Gas Dryer |
| | \$ 4.00 | Floor Drain |
| | \$ 7.00 | Grease Trap |
| | \$ 4.00 | Ice Maker |
| | \$ 4.00 | Laundry Tray |
| | \$ 4.00 | Lavatory/Sinks |
| | | |

| | | |
|--|----------|-------------------------|
| | \$ 7.00 | Lawn Sprinkler System |
| | \$ 7.00 | Gas Yard Line |
| | \$ 4.00 | Other Gas Outlets |
| | \$ 7.00 | Piping/Treatment Equip |
| | \$ 7.00 | Sewer Line |
| | \$ 4.00 | Urinals |
| | \$ 4.00 | Drain / Vent Repair |
| | \$ 7.00 | Vent Piping |
| | \$ 7.00 | Water Heater - Electric |
| | \$ 4.00 | Water Closets |
| | \$ 7.00 | Water Line |
| | \$ 7.00 | Water Heater - Gas |
| | \$ 25.00 | Septic System Install |
| | | |

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 DO PLUMBING ON THIS PROJECT IN ACCORDANCE WITH ALL APPLICABLE CODES, LAWS AND/OR ORDINANCES.

SIGNATURE OF APPLICANT: _____