## CITY OF PORT LAVACA APPLICATION FOR SIGN 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
Occupancy Type: (Check One)	Has Electrician Work Started?	Yes	No
One or two Family Dwelling		Comme	ercial
Apartments (Less than 5 Units)	<del></del>	Public	
Apartments (More than 5 Units)		Storage	
Other	<del></del>	Assemb	oly
New Residential Const Residential Re-Model Repair Meter Loop (New or Re- Temporary Power Const Re-Inspection (to have	epair		
Commercial Only Value: (Materia	als and Labor) \$		
DESCRIBE PROJECT:			
I/WE ACKNOWLEDGE THE RESPONSIBLE TO DO EL ACCORDANCE WITH AL ORDINANCES.	LECTRICAL WORK ON T	LDER, HIS PF	I/WE ARE ROJECT IN
SIGNATURE OF APPLICANT:			