

City of Port Arthur
BUILDING PERMIT APPLICATION
BOX 1089 77641
409-983-8261

Application to complete numbered only. (Print or Type Only)

DATE:

| | | | |
|---|-------------------------------------|---|-----------------------|
| JOB ADDRESS | | | |
| 1. LEGAL DESCR. | LOT NO. | BLK. | TRACT |
| 2. OWNER | | MAIL ADDRESS | ZIP |
| 3. CONTRACTOR | | MAIL ADDRESS | PHONE |
| 4. ARCHITECT OR DESIGNER | | MAIL ADDRESS | ZIP |
| 5. ENGINEER | | MAIL ADDRESS | PHONE |
| 6. FLOOD ZONE | ELEVATION (MSL) OF ENGINEER: | | |
| 7. USE OF BUILDING | | | |
| 8. CLASS OF WORK _____NEW _____ADDITION _____REMODEL _____REPAIR _____MOVE _____DEMOLITION _____FENCE _____SIGN | | | |
| 9. DESCRIBE WORK: _____ _____ | | | |
| 11. VALUATION OF WORK: \$ | | DIMENSION OF BLDG. | TYPE OF CONST. |
| SPECIAL CONDITION | | SQ FT OF LIVING AREA | NO OF DWELLING |
| APPR BY | | SQ FT GAR STORAGE PORCH AREA | NO OF STORIES |
| TOTAL SQ FT | | NOTICE | |
| YOU ARE REQUIRED TO REMOVE ALL REFUSE RESULTING FROM WORK DONE UNDER ALL PERMITS | | SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING HEATING OR AIR CONDITIONING AND DRIVEWAY OR SIDEWALK FACILITIES. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANYTIME AFTER WORK IS COMMENCED I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR PERFORMANCE OF CONSTRUCTION | |
| DEMOLITION ONLY : ALL DEBRIS AND SLABS MUST BE REMOVED, SITE(S) LEVELED, FILLING AND PREPARED FOR FUTURE REDEVELOPMENT WITHIN THIRTY (30) DAYS. | | | |
| ELECTRICAL CONTRACTOR _____ | | | |
| PLUMBING CONTRACTOR _____ | | | |
| MECHANICAL CONTRACTOR _____ | | | |
| WHEN PROPERLY VALIDATED IN THIS SPACE THIS IS YOUR PERMIT | | | |
| PERMIT FEES \$ _____ PC | | | |
| | | | |
| PERMIT NO: _____ CODE NO | | | |
| | | SIGNATURE OF CONTRACTOR OF AUTHORIZED AGENT DATE | |
| | | SIGNATURE OF OWNER (IF OWNER BUILDER) | |

