

CITY OF PORT LAVACA
APPLICATION FOR SCOPE OF WORK
 PERMITS DEPARTMENT 202 N. VIRGINIA STREET PORT LAVACA, TX 77979
 PH: 361-552-9793

DATE: _____ PERMIT NO.: _____

JOB ADDRESS: _____

FLOOD ZONE: _____ MAP FIRM NO.: 480099000 _____

SUBDIVISION: _____ BLOCK: _____ LOT: _____

OWNER'S NAME: _____

ADDRESS: _____
Street City State Zip Code

CONTRACTOR: _____

TELEPHONE: _____ Licensed in City? Yes/No Has Construction Started? Yes/No

One/two Family Dwelling _____ Commercial _____ Open to Public Yes/No
 Storage _____ More than 49 occupants? Yes/No Other _____

TYPE OF WORK BEING DONE: Floor/Walls _____ Roof _____
 Site _____ Foundation _____ Drainage/Parking _____
 Mechanical _____ Plumbing _____ Electrical _____ Other _____

Construction Value: (Materials and Labor) \$ _____ DESCRIBE PROJECT: _____

NOTICE

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

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING / AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION IS ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED

I/WE CERTIFY THAT I HAVE READ AND EXAMINED THIS SCOPE OF WORK AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLETED 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 FEDERAL, STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF APPLICANT: _____