CITY OF PORT LAVACA APPLICATION FOR PLAN REVIEW

PERMITS DEPARTMENT 202 N. VIRGINIA STREET PORT LAVACA, TX 77979 PH: 361-552-9793

Application must be accurately completed, and accompanied by all required materials at the time of submittal. The review schedule will not begin until staff has determined that the application is complete.

The following items shall accompany the Application:

- 2 sets of Site Plans, if applicable
- 3 sets of Building Plans, if applicable
- Application Review Fee(s)

PROJECT INFORMATION				
Project Name:				
Project Address or Location:				
Legal Description:				
Proposed Use/Occupancy Group:		Sprinklered	Yes	No
Building Square Footage:		_Estimated Buil	ding Valu	ation:
Building Construction Type:	Building Height/ Stories:			
OWNER INFORMATION				
Owner Name:				
Company Name:				
Mailing Address:				
City:	_ State:		Zip Code	:
Telephone:		Fax:		
I hereby certify that I am the owner of the propapplication is true and correct. Furthermore, I d to act on my behalf in matters related to this red	esignate t			
Owner's Signature		Date		

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PROJECT REPRESENTATIVE/ ARCHITECT/ ENGINEER

Agent Name:				
Company Name:				
Mailing Address:				
City:	State:	Zip Code:		
Telephone:	Fax	<u> </u>		
Email:	TX	TX Registration #:		
•	nd and accept by authority and responsib ty described on this application, in matter	ility to act as the legally authorized agent s relating to this request(s).		
Agent's Signature	Date			
******	***********	*********		

BUILDING PLAN REVIEW REQUIREMENTS

Foundation Plan
Architectural Plans
Structural Plans including Design Calculations (Live, Dead, Wind)
Elevations
Wall Sections & Cross Sections
Interior Finish Schedule
Room, Door, Window Schedules
Mechanical Plan
Electrical Plan
Plumbing and Gas Plan
Fire Resistive Assembly Listing (UL#)
Specifications
Energy Code Compliance