



Permit Number

FIRE PREVENTION APPLICATION

Please select permit type:

- Alarm Sprinkler

Requirements

Your application **will not be accepted** if any of the below items are missing or incomplete. To submit and check status of application, email buildingdepartment@portlavaca.org.

- Contractor registered with the City of Port Lavaca
- Completed, **legible**, and signed application form
- Fire Code Plan Review services paid

Applicant Information *(Serves as primary contact for this permit)*

Applicant Name: _____

Applicant Phone: _____ Applicant Email: _____

Property Owner Information

Owner Name: _____

Owner Phone: _____ Owner Email: _____

Project Information

Property Address: _____

- Residential Commercial New Addition Repairs

Construction Value: _____

Scope of Work: _____

Contractor Information

Contractor: _____

Contractor Phone: _____ Contractor Email: _____

Applicant Agreement

By signing below, I and/or we acknowledge that as a permit holder, I and/or we are responsible to do work on this project in accordance with applicable codes, laws and/or ordinances.

Signature of Applicant: _____ Date: _____

For Office Use Only		
Completeness Check		
Application form completely filled and signed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contractor registered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fee paid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sign	Date	