



Permit Number

MEP PERMIT APPLICATION

Please select permit type:

- Mechanical       Electrical       Plumbing

**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](mailto:buildingdepartment@portlavaca.org).

- Contractor registered with the City of Port Lavaca
- Completed, **legible**, and signed application form

**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
<b>Sign</b>	<b>Date</b>	

TRADE  
PERMIT  
\$100