

City of La Porte
604 W. Fairmont Pkwy.
La Porte, TX 77571

Planning & Development
ZONING PERMIT APPLICATION

Phone: 281-470-5073
Fax: 281-470-5005
www.laportetx.gov

PROJECT INFORMATION: _____ DATE OF SUBMITTAL _____

PROJECT ADDRESS: _____

PROPERTY OWNER: _____

HCAD PARCEL NO. (13-DIGIT TAX ID): _____

PROPERTY LEGAL DESCRIPTION: _____

PROPOSED BUSINESS NAME: _____

LAST USE OF BUILDING: _____ DATE USE CEASED: _____

PROPOSED USE OF BUILDING: _____

CHECK ALL THAT APPLY:

OWNERSHIP OF PROPERTY - NAME CHANGE

OWNERSHIP OF BUSINESS - NAME CHANGE

CHANGE OF TENANT - NEW TENANT

CHANGE IN USE OF PROPERTY

NEW CONSTRUCTION

REAL ESTATE PURPOSES ONLY. THE PROPERTY OWNER REQUESTS ELECTRICAL TO BE TURNED ON FOR CLEANING/ VIEWING PURPOSES ONLY.

POWER COMPANY REQUIRES CLEARANCE FROM THE CITY OF LA PORTE DUE TO NO CURRENT OCCUPANCY/ PERMIT.

BUSINESS OWNER INFORMATION:

BUSINESS OWNER'S NAME: _____ E-MAIL: _____

PHONE 1: _____ PHONE 2: _____ FAX: _____

MAILING ADDRESS OF BUSINESS OWNER: _____

CONTACT INFORMATION:

CONTACT NAME: _____ CONTACT TITLE: _____

PHONE: _____ E-MAIL: _____

APPLICATION CHECK LIST AND SUPPORTING DOCUMENTATIONS (Check applicable boxes):

COMPLETE ALL (2) PAGES OF APPLICATION. PROVIDE ANSWER TO ALL QUESTIONS.

FURNISH COPY OF TEXAS SALE & USE TAX CERTIFICATE.

NOTE TO APPLICANT:

NOT A VALID PERMIT UNTIL BUSINESS OWNER IS NOTIFIED OF APPROVAL AND ALL APPLICABLE FEES ARE PAID IN FULL.

AUTHORIZED SIGNATURE: _____ **AUTHORIZED PRINTED NAME:** _____

STAFF USE ONLY:

ZONING DISTRICT: _____ FLOOD ZONE: _____ TAXES: _____ CE: _____ NAICS NO. OF PROPOSED USE: _____

ADD TABC/CSO COMMENT FOR RESTAURANT / BAR? YES N/A

APPLICATION IS: APPROVED DENIED NON- CONFORMING ISSUES: YES NO

DIRECTOR'S SIGNATURE: _____ DATE: _____

COMMENT: _____

APPROVED BY: _____ DATE: _____ **PERMIT NUMBER:** _____

PROJECT ADDRESS: _____

1. DETAILED DESCRIPTION OF OPERATION/S TO BE PERFORMED AT THIS FACILITY: _____

2. NUMBER OF EMPLOYEES PER BUILDING (IF APPLICABLE): _____

3. WILL TRACTOR TRAILERS BE INVOLVED IN ANY WAY FOR YOUR PROPOSED OPERATIONS? YES NO
IF YES, DESCRIBE _____

4. WHAT TYPE OF MATERIALS AND PROCESSES WILL BE USED IN YOUR BUSINESS OPERATIONS?
MATERIALS: _____
PROCESSES: _____

5. WHAT TYPES OF EQUIPMENT WILL BE UTILIZED IN YOUR BUSINESS OPERATIONS?
EQUIPMENT: _____

6. WILL OUTSIDE STORAGE BE UTILIZED IN YOUR BUSINESS OPERATIONS? YES NO
*IF YES, DESCRIBE WHAT WILL BE STORED OUTSIDE, WHERE IT WILL BE STORED AND PROVIDE PHOTOGRAPHS.

7. MANUFACTURING DISTRIBUTING RETAIL OPERATIONS
DESCRIBE: _____

8. WHO IS YOUR CUSTOMER BASE? _____

9. DESCRIPTION AND QUANTITIES OF MATERIALS TO BE STORED INSIDE BUILDING _____

10. PROVIDE A LIST AND QUANTITY OF ALL HAZARDOUS AND ALL NON HAZARDOUS CHEMICALS TO BE STORED INSIDE AND/ OR OUTSIDE OF BUILDING: (ATTACH SEPARATE SHEET IF NEEDED) IF THIS BUSINESS IS INTENDING TO STORE, USE, PROCESS, OR CREATE HAZARDOUS MATERIALS INSIDE OR OUTSIDE, YOU MAY BE SUBJECT TO COMPLETING A HAZARDOUS MATERIAL MANAGEMENT PLAN (HMIS). PLEASE CONTACT THE FIRE MARSHAL'S OFFICE AT 281-471-3607 FOR INFORMATION AND ADDITIONAL FORMS.
INSIDE: _____
OUTSIDE: _____

11. IS YOUR BUSINESS CURRENTLY OPERATING IN LA PORTE AT A DIFFERENT ADDRESS? YES NO
IF YES, PROVIDE ADDRESS: _____

12. PROVIDE YOUR COMPANY'S CODE (IF KNOWN): NAICS CODE: _____

13. HAVE YOU RECENTLY PURCHASED THIS PROPERTY? YES NO
IF YES, PROVIDE A COPY OF YOUR DEED AND PROPERTY SURVEY.

14. ARE YOU CURRENTLY LEASING THIS PROPERTY? YES NO

15. WHO'S NAME IS THE WATER ACCOUNT CURRENTLY IN? _____
WHO'S NAME WILL THE WATER ACCOUNT BE TRANSFERRED INTO? _____