

1. PROPERTY OWNER CONTACT INFORMATION:

OWNER NAME: _____ PHONE 1: _____
PHONE 2: _____ FAX #: _____
E-MAIL: _____
MAILING ADDRESS: _____

2. AGENT/CONTRACTOR REPRESENTING PROPERTY OWNER (If Applicable):

AGENT / CONTRACTOR COMPANY: _____
PHONE 1: _____ PHONE 2: _____
E-MAIL: _____ FAX #: _____
MAILING ADDRESS: _____
CONTACT PERSON'S NAME: _____ PHONE: _____

3. PROPERTY DESCRIPTION:

HCAD PARCEL NO(s) 13-digit Tax ID(s): 1.) _____
2.) _____
3.) _____
PROPERTY ADDRESS (If existing): _____
PROPERTY LEGAL DESCRIPTION: _____
FLOOD ZONE: _____ USE ZONE (ZONING DISTRICT): _____

4. PROJECT INFORMATION:

DATE OF SUBMITTAL: _____

FIRE ALARM FIRE SUPPRESSION VENT HOOD VENT HOOD FIRE SUPPRESSION UNDERGROUND FIRE LINE
 ABOVE-GROUND FIRE SUPPRESSION OTHER _____

DESCRIBE WORK: _____

BUILDING USE: _____ NO. OF STORIES: _____ PROJECT VALUATION: \$ _____

5. APPLICATION CHECKLIST & SUPPORTING DOCUMENTATION (Check applicable boxes):

- COMPLETE ITEMS 1-4 OF PERMIT APPLICATION
- SUBMIT TWO (2) COMPLETE SETS (HARDCOPIES) OF CONSTRUCTION PLANS FOR REVIEW

NOTES TO APPLICANT:

1. CONTRACTOR MUST BE REGISTERED WITH THE CITY
2. TO REGISTER WITH THE CITY, SUBMIT CURRENT CERTIFICATE OF INSURANCE WITH CITY OF LA PORTE AND CITY'S ADDRESS AS CERTIFICATE HOLDER
3. **NOT A VALID PERMIT UNTIL OWNER/CONTRACTOR IS NOTIFIED OF APPROVAL AND ALL APPLICABLE FEES ARE PAID IN FULL.**

APPLICANT PRINTED NAME: _____ APPLICANT SIGNATURE: _____

(FOR STAFF USE ONLY):

PERMIT NO: _____

Occupancy Type: _____ Construction Type: _____ Parking Spaces Required: _____ CE?: _____ Taxes?: _____
FEES: Residential Driveway Tie-In: \$ _____ Parkland/Fee: \$ _____
Plan Check Fee: \$ _____ Permit Fee: \$ _____
Special Conditions: _____

Must complete all work and pass City inspection within 10 days of permit issuance to avoid further Code Enforcement Action

PERMIT APPROVAL: Fire Marshal (Commercial Only): _____ Date: _____
Approved for Issuance by: _____ Date: _____