

City of Port Arthur
BUILDING PERMIT APPLICATION
BOX 1089 77641
409-983-8261

Application to complete numbered only. (Print or Type Only)

DATE:

JOB ADDRESS			
1. LEGAL DESCR.	LOT NO.	BLK.	TRACT
2. OWNER			
MAIL ADDRESS		ZIP	PHONE
3. CONTRACTOR			
MAIL ADDRESS		ZIP	PHONE
4. ARCHITECT OR DESIGNER			
MAIL ADDRESS		ZIP	PHONE
5. ENGINEER			
MAIL ADDRESS		ZIP	PHONE
6. FLOOD ZONE			
ELEVATION (MSL) OF ENGINEER:			
7. USE OF BUILDING			
8. CLASS OF WORK			
_____NEW _____ADDITION _____REMODEL _____REPAIR _____MOVE _____DEMOLITION _____FENCE _____SIGN			
9. DESCRIBE WORK:			
11. VALUATION OF WORK: \$		DIMENSION OF BLDG.	TYPE OF CONST.
SPECIAL CONDITION		SQ FT OF LIVING AREA	NO OF DWELLING
		SQ FT GAR STORAGE PORCH AREA	NO OF STORIES
APPR BY			
TOTAL SQ FT		NOTICE	
YOU ARE REQUIRED TO REMOVE ALL REFUSE RESULTING FROM WORK DONE UNDER ALL PERMITS DEMOLITION ONLY : ALL DEBRIS AND SLABS MUST BE REMOVED, SITE(S) LEVELED, FILLING AND PREPARED FOR FUTURE REDEVELOPMENT WITHIN THIRTY (30) DAYS.		SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING HEATING OR AIR CONDITIONING AND DRIVEWAY OR SIDEWALK FACILITIES. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANYTIME AFTER WORK IS COMMENCED	
ELECTRICAL CONTRACTOR _____ PLUMBING CONTRACTOR _____ MECHANICAL CONTRACTOR _____		I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR PERFORMANCE OF CONSTRUCTION	
WHEN PROPERLY VALIDATED IN THIS SPACE THIS IS YOUR PERMIT PERMIT FEES\$ _____ PC CODE NO PERMIT NO: _____		SIGNATURE OF CONTRACTOR OF AUTHORIZED AGENT _____ DATE SIGNATURE OF OWNER (IF OWNER BUILDER) _____	