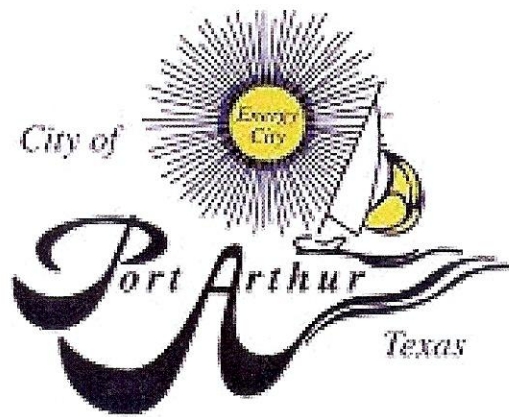




EXCAVATION PERMIT APPLICATION PACKET

**City of Port Arthur
Planning & Zoning Division
P.O. Box 1089
Port Arthur, TX 77641-1089**



**City of Port Arthur
Application for
EXCAVATION PERMIT**

We have reviewed City Code of Ordinances Section 94, Article VII. In accordance, a list of all the property owners within 100 feet of the proposed excavation site, the permit fee of \$250.00 (if applicable), accurate sketches showing location and dimensions of the proposed excavation are attached. All provisions of this ordinance and all other conditions or approval imposed by the City Council of the City of Port Arthur will be complied with during excavation operations and the maintenance of the pit(s) thereafter. The present owner of the site is:

Property Owner Information

Owner _____ Telephone No. _____ Fax No. _____

Address _____

City _____ State _____ Zip Code _____

If property owner is represented by an authorized agent, please complete the following:

Agent's Name _____ Agent's Title _____

Owner's Signature _____ Agent's Signature _____

Contractor's Information

Firm Name _____ Telephone No. _____ Fax No. _____

Address _____

City _____ State _____ Zip Code _____

Contact Person _____

This application is hereby made for a permit for excavation at the following described location and as shown on the attached drawing.

Excavation Information

Maximum Depth: _____ Size (Acres): _____

ESTIMATED PERIOD OF EXCAVATION:

From: _____ To: _____

**Notary Statement (All signatures must be notarized) Fee – per Ordinance Sec. 8A is
\$250.00**

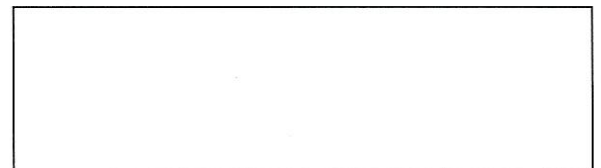
Before me, the undersigned authority, on this day personally appeared _____
known to me to be the person whose name is subscribed to the above and foregoing instrument, and
acknowledged to me that he/she executed the same for the purposes and consideration expressed and in the
capacity therein stated.

Given under my hand and seal office on
this _____ day of _____, 20_____.

Notary Public _____

My Commission Expires _____

Seal



FOR OFFICE USE ONLY

Application Date:

Fees:

Case No.