

1. PROJECT INFORMATION:

DATE OF SUBMITTAL: _____

PROJECT ADDRESS (If existing): _____

DESCRIBE WORK: _____

MECHANICAL VENT HOOD WORK REQUIRES PLAN REVIEW PROCESS. PROVIDE TWO COPIES OF VENT HOOD DRAWINGS FOR REVIEW.

PROJECT VALUATION: \$ _____

STAND ALONE PERMIT? YES NO (PROVIDE BUILDING PERMIT NUMBER) _____

2. PROPERTY OWNER CONTACT INFORMATION:

OWNER'S NAME: _____ PHONE : _____

MAILING ADDRESS: _____

E-MAIL: _____

3. MECHANICAL CONTRACTOR:

CONTRACTOR COMPANY: _____

PHONE 1: _____ PHONE 2: _____

E-MAIL: _____ FAX #: _____

MAILING ADDRESS: _____

CONTACT PERSON'S NAME: _____ PHONE: _____

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

COMPLETE ITEMS 1 THRU 4 OF PERMIT APPLICATION

NOTES TO APPLICANT:

- **NOT A VALID PERMIT UNTIL CONTRACTOR IS NOTIFIED OF APPROVAL AND ALL APPLICABLE FEES ARE PAID IN FULL**
- MASTER LICENSE & INSURANCE REQUIREMENTS MUST BE CURRENT WITH STATE OF TEXAS & CITY OF LA PORTE
- TO REGISTER WITH THE CITY, PROVIDE COPY OF CURRENT STATE HVAC LICENSE & INSURANCE (LISTING CITY'S ADDRESS AS CERTIFICATE HOLDER). NO FEE REQUIRED TO REGISTER.
- HOMEOWNER MAY NOT OBTAIN A HOMEOWNER'S PERMIT FOR ANY MECHANICAL WORK. MUST BE A LICENSED HVAC CONTRACTOR.
- REINSPECTION FEE = \$35.00

APPLICANT PRINTED NAME: _____ APPLICANT SIGNATURE: _____

(FOR STAFF USE ONLY):

Approved for Issuance By: _____ Date: _____

PERMIT NO.: _____

Total Permit Fee: \$ _____

MINIMUM PERMIT FEE IS \$30.00