

Planning & Development Department  
**BUILDING PERMIT APPLICATION**

**1. PROJECT INFORMATION:**

DATE OF SUBMITTAL: \_\_\_\_\_

PROJECT ADDRESS (If existing): \_\_\_\_\_

HCAD PARCEL NO(s) 13-digit Tax ID(s): 1.) \_\_\_\_\_

2.) \_\_\_\_\_ 3.) \_\_\_\_\_

PROPERTY LEGAL DESCRIPTION: \_\_\_\_\_

IRRIGATION  SIGN  FENCE  POOL  OTHER: \_\_\_\_\_

DESCRIBE WORK: \_\_\_\_\_

BUILDING USE: \_\_\_\_\_ NO. OF STORIES: \_\_\_\_\_ TOTAL SQ. FOOTAGE: \_\_\_\_\_ PROJECT VALUATION: \$ \_\_\_\_\_

**2. PROPERTY OWNER CONTACT INFORMATION:**

OWNER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**3. GENERAL CONTRACTOR:**

\*HOMEOWNER IS 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):** \* *If Homeowner is Contractor,*

COMPLETE ITEMS 1-4 OF PERMIT APPLICATION

SUBMIT TWO (2) COMPLETE SETS (HARDCOPIES) OF CONSTRUCTION PLANS FOR REVIEW

*must furnish notarized  
Homestead Affidavit*

NOTES TO APPLICANT:

1. CONTRACTOR MUST BE REGISTERED WITH THE CITY
2. TO REGISTER WITH CITY, SUBMIT CURRENT CERTIFICATE OF INSURANCE WITH CITY NAME & ADDRESS AS CERTIFICATE HOLDER
3. **NOT A VALID PERMIT UNTIL OWNER/CONTRACTOR IS NOTIFIED OF APPROVAL AND ALL APPLICABLE FEES ARE PAID IN FULL**
4. AS A CONDITION OF THIS SUBMITTAL, I AGREE TO ALLOW EMPLOYEES OF THE CITY OF LA PORTE TO ACCESS MY PROPERTY FOR THE PURPOSE OF INSPECTING OR VERIFYING INFORMATION PROVIDED IN THIS APPLICATION & THE PLANS SUBMITTED THEREWITH.

APPLICANT PRINTED NAME: \_\_\_\_\_ APPLICANT SIGNATURE: \_\_\_\_\_

**(STAFF USE ONLY):**

Occupancy Type: \_\_\_\_\_ Const. Type: \_\_\_\_\_ Flood Zone: \_\_\_\_\_ Use Zone (Zoning District): \_\_\_\_\_ CE?: \_\_\_\_\_ Taxes?: \_\_\_\_\_

FEES: PERMIT FEE: \$ \_\_\_\_\_

PLAN CHECK FEE: \$ \_\_\_\_\_

RESIDENTIAL DRIVEWAY TIE-IN FEE: \$ \_\_\_\_\_

PARKLAND & ZONE 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: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_