

PERMIT #

INGLESIDE ON THE BAY
ELECTRICAL PERMIT

JOB ADDRESS

BLOCK NUMBER LOT NUMBER(S) FLOOD ZONE YES NO

OWNER MAILING ADDRESS

PHONE FAX

CONTRACTOR MAILING ADDRESS

PHONE FAX

CLASS OF WORK: ( ) NEW ( ) ADDITION ( ) ALTERATION ( ) REPAIR ( ) MOVE ( ) REMOVE

DESCRIBE WORK: ( ) TEMPORARY METER LOOP ( ) PERMANENT METER LOOP

TOTAL SQUARE FEET

SPECIAL CONDITIONS:

VALUATION OF WORK \$

NOTICE

CONSTRUCTION MUST MEET ALL FEMA REQUIREMENTS AND THE TEXAS WINDSTORM RESISTANT CONSTRUCTION CODE. SEPARATE PERMITS ARE REQUIRED FOR BUILDING, PLUMBING, HEATING, VENTILATING OR AIR COND. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER IT IS COMMENCED; OR IF UNAUTHORIZED VARIATIONS FROM THE APPROVED CONSTRUCTION PLANS ARE MADE.

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 FEDERAL, STATE OR LOCAL LAWS REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

FLOOD ZONE REQUIREMENTS ELEVATION CERTIFICATE

FLOOD ZONE CLASSIFICATION:

BASE FLOOD LEVEL:

FIRST FLOOR ELEVATION:

APPROVED BY:

SIGNATURE OF OWNER OR CONTRACTOR /AUTHORIZED AGENT

DATE:

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

FEE TOTAL CHECK # CASH