**Aransas County Road & Bridge**
1931 FM 2165
Rockport, TX 78382
361-790-0152
roadbridge@aransascounty.org

# Development Repair Permit

Application type:                          Project

   Remodel                          Residential

   Repair                             Non-Residential

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## Owner Information

Name                                      Phone Number


Project Address                                                    Property Tax I.D. #


Legal Description


Mailing Address                           E-mail

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## Contractor Information (if applicable)

Name                                      Phone Number


E-mail                                    Contractor I.D. (if registered with Rockport)

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- Property Tax I.D. may be found in the Aransas County Appraisal District http://aransascad.org/ under property search.
- Check your flood zone at FEMA's National Flood Hazard Layer Viewer https://hazards-fema.maps.arcgis.com/apps/webappviewer/index.html?id=8b0adb51996444d4879338b5529aa9cd
- Contractor registration is recommended for the owners protection.
- If damages/improvements to structure are 50% or more of the appraised value of only the structure then it will be considered substantially damaged/improved.

If more than one building on property please specify or describe which one it is (e.g. color of building, unit number.)

Check all that apply:

| | | |
|---|---|---|
| Foundation | Frame | Roof |
| Exterior Finish | Interior Finish | Doors and Windows |
| HVAC | Cabinets & Countertops | Floor Finish |
| Plumbing | Electrical | Appliances |

Total Construction Cost Estimate:        Request Substantial Damage Letter

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## Permit Agreement

- A County Official will require access to your property in order to complete the initial inspection.
- There is no fee associated with this permit.
- This permit is only valid for 12 months from approval date.

Printed Name                                Date

Owner Signature                           Authorized Agent Signature

## Permit Number:

Flood Zone           BFE          APP value             Compliant (attach supporting documents)

Initial Inspection Date:                 Inspected By:

Follow-up Inspection Date:            Inspected By:

Finalized Inspection Date:             Inspected By:

Notes:

Substantially Damaged/Improved       Elevation Certificate Required upon completion if >50%

Notification Date:                         Notified by: