



# ARANSAS COUNTY SERVICE CENTER

1931 FM 2165, ROCKPORT, TX 78382

PHONE: 361-790-0152 FAX: 361-790-0189

E-MAIL: roadbridge@aransascount.org and dreid@aransascounty.org

**PRINT ONLY**

## DEVELOPMENT PERMIT

DATE: \_\_\_\_\_ PERMIT # \_\_\_\_\_

IS POWER NEEDED \_\_\_\_\_ ESID \_\_\_\_\_

PUBLIC OR WATER WELL \_\_\_\_\_ NEW OR EXISTING SEPTIC: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_ FAX \_\_\_\_\_

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

MAILING ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

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

NEW CONSTRUCTION: \_\_\_\_\_ HOME \_\_\_\_\_ # OF BEDROOMS \_\_\_\_\_ SQ. FT. \_\_\_\_\_

OTHER CONSTRUCTION: \_\_\_\_\_ SQ. FT. \_\_\_\_\_

MOBILE HOME OR RV: \_\_\_\_\_ TIE DOWN CERTIFICATE REQUIRED: (Y OR N) \_\_\_\_\_ SQ. FT. \_\_\_\_\_

CONSTRUCTION: \_\_\_\_\_ FOUNDATION: \_\_\_\_\_

CONSTRUCTION COST \_\_\_\_\_ **NOTE: TIE DOWN CERTIFICATE REQUIRED ON ALL MOBILE HOMES**

FEMA FLOOD ZONE: \_\_\_\_\_ BASE ELEVATION: \_\_\_\_\_ HUB: \_\_\_\_\_ HUB ATTACHED \_\_\_\_\_

MINIMUM FINAL ELEVATION REQUIRED: \_\_\_\_\_ FLOOD VENTS REQUIRED: \_\_\_\_\_

1. ALL MACHINERY SERVICING BUILDING MUST BE 18" ABOVE BASE ELEVATION (INCLUDES ALL PLUMBING).
2. IF BUILDING IS IN ZONE "V", AN ARCHITECT OR ENGINEERED DESIGN PLAN MUST BE SUBMITTED SHOWING BREAKWAY WALLS ALONG WITH FINAL ELEVATION CERTIFICATE. EVERYONE ELSE MUST SUBMIT A HUB CERTIFICATE.
3. COST IS \$3.00 PER EVERY \$1000 COST OF CONSTRUCTION **OR VALUE OF STRUCTURE WITH A \$150.00 MINIMUM.**
- 4 **IF CONSTRUCTION OR PLACEMENT HAS ALREADY BEGAN, COST IS \$6.00 PER EVERY \$1000 COST OF CONSTRUCTION OR VALUE OF STRUCTURE WITH A \$300.00 MINIMUM.**
5. I UNDERSTAND THAT I AM RESPONSIBLE FOR NOTIFYING THE COUNTY FLOODPLAIN MANAGER, AS SOON AS THE LOWEST HABITABLE FLOOR HAS BEEN BUILT TO A POINT WHERE THE ELEVATION CAN BE MEASURED FROM THE SUREYOR'S HUB. THIS INCLUDES AFTER FORM BOARDS ARE SET AND BEFORE SLAB HAS BEEN POURED.
6. NEW CONSTRUCTION MUST PUT UP A SILT FENCE IF DISTURBING THE NATURAL SOIL.
7. I UNDERSTAND I MUST FURNISH THIS OFFICE WITH THE **"FINAL ELEVATION CERTIFICATE"** WHEN CONSTRUCTION HAS COMPLETED TO A POINT THAT ALL MACHINERY HAS BEEN PUT IN PLACE.
8. THE USE OF THIS PERMIT IS AUTHORIZED FOR A PERIOD OF 12 MONTHS FROM THE DATE APPROVED. ANY DEVELOPMENT AFTER THIS TIME PERIOD WILL REQUIRE A NEW PERMIT TO CONSTRUCT.
9. FAILURE TO STRICTLY ADHERE TO FEMA POLICIES MAY JEOPARDIZE ARANSAS COUNTY'S FLOOD INSURANCE PROGRAM. ANY PATTERN OF NON-COMPLAINE (MORE THAN A VERY FEW ISOLATED INSTANCES) CAN RESULT IN COMPLETE REMOVAL OF AN ENTIRE COUNTY FROM THE FEDERAL FLOOD INSURANCE PROGRAM. **THIS WILL NOT BE PERMITTED TO HAPPEN HERE.**

**I HEREBY CERTIFY THAT THIS APPLICATION WAS DULY AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND PROJECT.**

**PRINTED NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_



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## DEVELOPMENT PERMIT

**TO BE COMPLETED BY ARANSAS COUNTY SERVICE CENTER BELOW THIS LINE:**

OSSF DESIGNED APPROVED

DATE APPROVED

FEE PAID:

RECEIPT NO:

CHECK OR CASH:

APPROVAL DATE TO BEGIN

FLOODPLAIN MANAGER

FORM BOARD APPROVAL DATE

FLOODPLAIN MANAGER

FINAL INSPECTION DATE

FLOODPLAIN MANAGER

FINAL LOWEST FLOOR LEVEL SHOWN

NOTES: \_\_\_\_\_  
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