



ARANSAS COUNTY SERVICE CENTER

1931 FM 2165, ROCKPORT, TX 78382

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

E-MAILS: roadbridge@aransascounty.org and dreid@aransascounty.org

PRINT ONLY

DEVELOPMENT PERMIT FOR FILL

PHYSICAL ADDRESS _____

LEGAL DISCRIPTION _____

CONTRACTOR'S NAME _____

PHONE _____

E-MAIL _____

FAX _____

OWNER'S NAME _____

PHONE _____

E-MAIL _____

FAX _____

HEIGHT OR DEPTH OF FILL _____

DESCRIPTION OF FILL _____

FLOOD ZONE REQUIREMENTS

FEMA MAP FLOOD ZONE
DESIGNATION _____

REQUIRED ELEVATION ABOVE _____

MEAN SEA LEVEL FOR THIS ZONE _____

ELEVATION BEFORE FILL _____

ELEVATION AFTER FILL _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

APPLICANT OR AUTHORIZED SIGNATURE

DATE

OFFICE ONLY

CERTIFIED FLOODPLAIN MANAGER:

DATE OF APPROVAL:

CERTIFIED FLOODPLAIN MANAGER:

DATE OF FINAL INSPECTION: