



ARANSAS COUNTY ROAD & BRIDGE

PHONE: (361) 790-0152

EMAIL: roadbridge@aransascounty.org
1931 FM 2165, ROCKPORT, TX 78382

-----FOR OFFICE USE ONLY-----

DATE RECEIVED:

PERMIT #:

ACAD ID:

REPAIR/IMPROVEMENT PERMIT

PROPERTY OWNER: _____ PHONE: _____

PHYSICAL ADDRESS: _____

EMAIL: _____ PREFERRED METHOD OF CONTACT: _____

CONTRACTOR (if applicable): _____

PHONE: _____ EMAIL: _____

TYPE OF STRUCTURE: _____ SQ. FT. OF EXISTING BLDG: _____

IMPROVEMENT(S): *CHECK ALL THAT APPLY* SQ. FT. OF ADDITION: _____

| | | | |
|-------------------------------------|--|-------------------------------------|-----------------|
| <input type="checkbox"/> ROOF | <input type="checkbox"/> DOORS AND WINDOWS | <input type="checkbox"/> ELECTRICAL | # OF RESTROOMS: |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> CABINETS/COUNTERS | <input type="checkbox"/> PLUMBING | EXISTING: _____ |
| <input type="checkbox"/> FOUNDATION | <input type="checkbox"/> EXTERIOR FINISH | <input type="checkbox"/> FLOORING | PROPOSED: _____ |
| <input type="checkbox"/> FRAMING | <input type="checkbox"/> INTERIOR FINISH | | |

ESTIMATED COST OF CONSTRUCTION: _____

**ESTIMATED COST OF DAMAGE(S)/IMPROVEMENT(S) TO THE STRUCTURE EQUALING 50%
OR MORE OF THE VALUE OF THE STRUCTURE WILL NECESSITATE A SUBSTANTIAL
DAMAGE/IMPROVEMENT DETERMINATION UPON COMPLETION AS REQUIRED BY FEMA.**

1. THE USE OF THIS PERMIT IS AUTHORIZED FOR A PERIOD OF TWELVE (12) MONTHS FROM THE DATE APPROVED. ANY DEVELOPMENT AFTER THIS TIME PERIOD WILL REQUIRE A NEW PERMIT APPLICATION.
2. CERTIFIED FLOODPLAIN MANAGERS ARE ALLOTTED THIRTY (30) DAYS TO PROCESS APPLICATIONS.
3. ANY PATTERN OF NON-COMPLIANCE MAY RESULT IN THE COMPLETE REMOVAL OF ARANSAS COUNTY FROM THE FEDERAL FLOOD INSURANCE PROGRAM. CONTRACTORS AND PROPERTY OWNERS MUST STRICTLY ADHERE TO FEMA & COUNTY POLICIES.
4. THIS PERMIT APPLIES TO ONE STRUCTURE ONLY.
5. IMPROVEMENT(S) MUST MEET 2019 FLOODPLAIN MANAGEMENT REGULATIONS FROM # 0-23-2019: AMENDED FLOODPLAIN MANAGEMENT & WATERSHED PROTECTION ORDER.
6. THERE IS NO PERMIT FEE COLLECTED FOR THE INITIAL APPLICATION AND/OR RENEWAL(S) OF THIS REPAIR/ADDITION PERMIT.
7. A SEPTIC VERIFICATION OR MODIFICATIONS MAY BE REQUIRED FOR ADDITIONS. PLEASE CONTACT THE DEPARTMENT OF ENVIRONMENTAL HEALTH: 361-790-0121

I HEREBY CERTIFY THAT THIS APPLICATION WAS DULY AUTHORIZED BY A REPRESENTATIVE OF THE APPLICANT & PROJECT.

PRINTED NAME

OWNER or AUTHORIZED AGENT SIGNATURE

THIS SECTION TO BE COMPLETED BY CERTIFIED FLOODPLAIN MANAGER

FEMA FLOOD ZONE: X AE AO VE

APPROVED DATE TO BEGIN

CERTIFIED FLOODPLAIN MANAGER

APPRaisal VALUE: _____

FINAL INSPECTION DATE

CERTIFIED FLOODPLAIN MANAGER

SD/SI DETERMINATION REQUIRED: YES NO

NOTES: