



ARANSAS COUNTY ROAD & BRIDGE

PHONE: (361) 790-0152

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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: _____

___ ROOF ___ DOORS AND WINDOWS
___ HVAC ___ CABINETS/COUNTERS ___ ELECTRICAL
___ FOUNDATION ___ EXTERIOR FINISH ___ PLUMBING
___ FRAMING ___ INTERIOR FINISH ___ FLOORING

OF RESTROOMS:
EXISTING: _____
PROPOSED: _____

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

APPRAISAL VALUE: _____

APPROVED DATE TO BEGIN

CERTIFIED FLOODPLAIN MANAGER

SD/SI DETERMINATION REQUIRED: YES NO

FINAL INSPECTION DATE

CERTIFIED FLOODPLAIN MANAGER

NOTES: