## PERMIT #

## INGLESIDE ON THE BAY GAS PERMIT

JOB ADDRESS					
BLOCK NUMBER	LOT NUMBER(	(S)	_ FLOOD ZONE	E YES	NO
OWNER	MAI	LING ADDRESS			
PHONE		FAX			
CONTRACTOR	MA	AILING ADDRESS _			
PHONE	_	FAX			
CLASS OF WORK: ( ) NEW	( ) ADDITION	( ) ALTERATION	( ) REPA	AIR () MOVE	( ) REMOVE
DESCRIBE WORK:					
TOTAL SQUARE FEET					
SPECIAL CONDITIONS:					
					<del>-</del>
NOTICE  CONSTRUCTION MUST MEET ALL FEMA REQUIREMENTS AND THE TEXAS WINDSTORM RESISTANT CONSTRUCTION CODE. SEPARATE PERMITS ARE REQUIRED FOR BUILDING, ELECTRICAL, PLUMBING, HEATING, VENTILATION OR A/C. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER IT IS COMMENCED; OR IF UNAUTHORIZED VARIATIONS FROM THE APPROVED CONSTRUCTION PLANS ARE MADE.  I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER FEDERAL, STATE OR LOCAL LAWS REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.			Type of Fixture or Item  number  CENTRAL HEATING  CONVERSION BURNER  FLOOR FURNACE  WALL HEATER  COOKING RANGE  DRYER  WATER HEATER  FURNACE  OTHER		
SIGNATURE OF OWNER OR CONTRAC	CTOR /AUTHORIZED	AGENT	APPROVI DATE:	ED BY:	
**********	*******	********OFFICE LISE C	NI V********	*******	********

FEE TOTAL

CHECK#

CASH