Village of Point Venture Quick Permit Application

			PERMIT #	
. Residential		Non-Residential	Non-Residential	
Project Name		Number of units:		
Street Address (or location)				
2. Legal Description:				
Subdivision		Lot # Section #		
Phase	OR Acres	Out of Survey #	Tax Parcel ID #	
What is the Proposed Cons	truction:			
Is the Proposed Construc	tion Substantial Impro	vement?		
"Substantial Improvements ocated in the 100 Year Floo	ent" is only applicable	e to repairs, reconstruction, or improvement	s made to a structure or infrastructure	
Date of "Start of Construction" HVAC Square Footage		Footage		
Estimated Cost of Construc			C	
B. Supply with this applicat State of Texas. f a Class "B" Flood Hazar	ion one site plan show rd Area Development	ving all improvements along with a lot survey <u>Permit is required, additional information, i</u> <u>Proofing Plans will be required.</u>		
. Attach a copy of all City,	County, and State and	l/or Federal Permits applicable.		
. State the Name of the Pe	ermittee/Owner: —			
natural persons who will be	e responsible to The V	rship or other legal entity other than a natur illage of Point Venture to see that all provisi	ons of the development will be faithfully	
Texas to see that all prov performed. I certify that the	vision of the permit, e above statements are	, he lied for is granted, acknowledge myself to be and that all applicable ordinances of the e true and correct. Authorization is hereby g prose of inspections of proposed construction	Village of Point Venture are faithfully iven to The Village of Point Venture to	
/enture Property Ov	vner Association	knowledges he or she has read a 's Deed Restrictions, as well as Iding and/or landscaping rules and	any and all Ordinances of the	
structural integrity,	design safety, ai	omeowner acknowledges that an nd site preparation are solely the e Village of Point Venture	y and all issues pertaining to e responsibility of the Permit	
signed – Applicant or Attor	ney	Today's Date		
Print) Jame		Project Superintendent		
Address		Phone ()		
City, State, Zip				
Phone ()				
Fax # ()		City, State, Zip		
Office Use)				
ree Received By	ents:	Checked By		

THIS PERMIT IS VALID FOR SIX MONTHS FROM DATE ISSUED AND WILL NEED TO BE RENEWED IF WORK IS NOT COMPLETED AT THAT TIME.