



City of Kemah, Texas  
Department of Community Services

# PLAN REVIEW APPLICATION

Permit #: \_\_\_\_\_

Job Address: \_\_\_\_\_

Commercial     Residential

Owner: \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Description of Work:**

<input type="checkbox"/> New	Construction Type _____
<input type="checkbox"/> Addition	
<input type="checkbox"/> Alteration	Valuation of Work \$ _____
<input type="checkbox"/> Repair	
<input type="checkbox"/> Other _____	Square Footage _____

**Two (2) copies** of the completed set of construction documents are required for plan review. Additional sets of plans may be required for fire sprinklered buildings and/or for projects requiring a health review.

Drawings must be drawn to scale, dimensioned and of sufficient clarity. Drawings containing a label such as "not for construction" or "for pricing only" will not be accepted for permit application.

Scope of Work: \_\_\_\_\_

**TEXAS DEPT OF LICENSING AND REGULATION** requires all non-residential projects that exceed \$50,000 to have a project number. To register, call 512-463-7357. **TDLR PROJECT NUMBER:** \_\_\_\_\_

*PROFESSIONAL LICENSE: Each drawing and document shall be sealed, signed, dated and designed by a State of Texas Registered Architect, Registered Engineer, Registered Interior Designer, where applicable as required by the State of Texas Engineering and Architect Practice Act.*

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.

Owner/Agent Signature(s): \_\_\_\_\_

Plan Review Fee: \$ \_\_\_\_\_

\_\_\_\_\_

Payment Type: \_\_\_\_\_

Payment Date: \_\_\_\_\_

Date: \_\_\_\_\_

See Attached Fee Schedule