



City of Kemah, Texas
Department of Community Services

PLUMBING/GAS PERMIT 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	Valuation of Work \$ _____ (Required)
<input type="checkbox"/> Addition	
<input type="checkbox"/> Alteration	
<input type="checkbox"/> Repair	
<input type="checkbox"/> Other _____	

Scope of Work: _____

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.

Contractor must be registered with the City of Kemah before beginning work.

Print Name: _____

License #: _____

Signature: _____

Date: _____

Permit Fee: \$ _____

Payment Type: _____

Payment Date: _____