



City of Groves
Application for Mechanical Permit

Permit No. _____

Permit Fee _____

Total Valuation/Job Total _____

Property Owner _____

Address _____

Description of Work

Contractors

General: _____ Electrical: _____

Plumbing: _____ **Air Conditioning:** _____

Application is hereby made to the City of Groves for the permission to build, alter, repair, demolish, or move the structure listed above. This permit has been issued for building application and becomes null and void if work is not commenced within 6 months or is abandoned for a period of 6 months after construction has commenced, otherwise this permit is good for 2 years. Separate permits are required for electrical, plumbing, and or central A/C. The granting of this permit does not convey any right to the applicant/owner to encroach upon or over any utility easement or public right-of-way. It is the responsibility of the applicant/owner to locate all property lines and easements.

NOTICE

All buildings, structures, and parts thereof shall be designed to withstand the appropriate wind loads applicable to this region (Standards for Hurricane Resistant Residential Construction), as described in SSTD 10-97 of the Standard Building Code 1997 Edition. Inspections performed by the City of Groves will enforce conformity to these requirements. The provisions of the Texas Department of Insurance (Windstorm Construction) is recommended but not mandated. However, should the applicant/owner build to these more stringent requirements, it will be their responsibility to secure the use of a State Windstorm Inspector, or a Professional Engineer, Registered in the State of Texas, and approved by the Texas Department of Insurance.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of the rules, regulations, and the ordinances of the City of Groves or any State law will be complied with whether specified herein or not.

Signature of Applicant/Owner: _____ Date: _____

Address: _____ Phone: _____

Approved By: _____ Date: _____