

**Village of Point Venture – NO FEE PERMIT
Lot Clearing Permit Application**

1. Residential _____ Non-Residential _____

Project Name _____ Number of units: _____

Property Address
(or location) _____

2. Legal Description:

Lot # _____ Section # _____

What is the Proposed Repair/Replacement: _____

Supply with this application description of planned repairs/improvements.

Date of "Start of Construction" _____

If a Class "B" Flood Hazard Area Development Permit is required, additional information, including but not limited to: foundation plans (with elevations) structural Plans and Flood Proofing Plans will be required.

3. State the Name of the Permittee/Owner: _____

If the permit applicant is a corporation, partnership or other legal entity other than a natural person, state the name of one or more natural persons who will be responsible to The Village of Point Venture to see that all provisions of the development will be faithfully complied with: _____

4. I, _____, hereby file this application for a No Fee/Lot Clearing Permit and if the permit herein applied for is granted, acknowledge myself to be bound to The Village of Point Venture, Texas to see that all provision of the permit, and that all applicable ordinances of the Village of Point Venture are faithfully performed. I certify that the above statements are true and correct. Authorization is hereby given to The Village of Point Venture to enter upon the above described property for the purpose of inspections of proposed construction.

The Permit Applicant/Homeowner acknowledges he or she has read and will comply with the Point Venture Property Owner Association's Deed Restrictions, as well as any and all Ordinances of the Village of Point Venture related to building and/or landscaping rules and regulations.

Additionally, the Permit Applicant/Homeowner acknowledges that any and all issues pertaining to site preparation are solely the responsibility of the Permit Applicant/Homeowner – and not of the Village of Point Venture.

Signed – Applicant or Attorney Today's Date _____

(Print)
Name _____ Project Superintendent _____

Address _____ Phone () _____

City, State, Zip _____ Mobile Phone # () _____

Phone () _____ Address _____

Fax # () _____ City, State, Zip _____

(Office Use)
Received By _____ Checked By _____ Issue Date _____

Comments/Other Requirements: _____
THIS PERMIT IS VALID FOR THIRTY (30) DAYS FROM DATE ISSUED.