## INSTRUCTIONS ON SUBMITTING BUILDER PERMITS

- 1. Fill out the next two pages of the Builder Permit Application (highlighted areas) MUST INCLUDE COMPLETE DESCRIPTION OF PROPERTY INCLUDING SUBDIVISION, SECTION, BLOCK, AND LOT
- 2. Once the two pages are filled out, click the "PRINT FORM" button on page two.
- 3. Sign and date the application.
- 4. Attach a check for \$100 for each permit, made payable to "FORT BEND LID 15"
- 5. Mail the completed application, two copies of the Plat Map, and the check to:

Levee Management Services, LLC
Attn: Sandy Brooks
7070 Knights Ct. Ste 103
Missouri City, Tx 77459
281-240-6454

## Fort Bend County Levee Improvement District No. 15

DEVELOPM	ENT PERMIT NO: DATE:
STATE OF T COUNTY OF	EXAS F FORT BEND
1.	This permit is issued on and is effective immediately.
2.	This permit is issued to and is not transferable.
3.	This permit authorized the permittee to construct or improve structures or Improvements on the following described property:
	Address:
	Lot:Block:Section:
	Subdivision:
4.	This permittee applied to Fort Bend County Levee Improvement District No. 15 for a Development Permit on the above described location. The application has been reviewed and it has been determined that the construction and improvements will not be Zone-A as designated on the special flood hazard boundary as identified by the Federal Hazard Boundary Map dated
5.	The Development Permit Number issued with this permit shall be posted on the property visible from the street or road in a location where it will be protected from weather and secure from vandalism, and shall remain posted until the work is completed and/or a water/sewer connection is made.
	Fort Bend County Levee District No. 15
	Name:
	Title: Permitting Official

## Fort Bend County Levee Improvement District No. 15

Applicant's Name:		Title <sup>.</sup>	
Mailing Address:	City:	Zip:	
Owner's Name:		Tel#:	_
Mailing Address:	City:	Zip:	_
Location of Description of Property: Subdivision:			- PROVIDE
SectionBlockLot	_	A aranga:	COMPLETE
Survey: Abstract:	Other:	No of Units:	_ COMPLETE
Square Footage of Structure:Abstract.	Other.	140. 01 OIIIts.	_ INFO!
Check or Write in Applicable Information:			
State the estimated cost of Construction: \$	<del></del>		
structure? <u>Substantial Improvement</u> means any rep equals or exceeds 50% of the actual cash value if the property has been damaged and is being restored, but the control of the control o	air, reconstruction, or he property either (a) pefore damage occurr	improvement of the property, the before the improvement is started.	he cost of which
slab elevation of the lowest habitable floor as described. No. 15 may require the filing of supplemental plan sufficient. This application when filed will become	ribed in Item No. 7. s, specifications and	The Fort Bend County Levee Iminformation, if the documents at	provement District
Improvement District No. 15.	1 1	in records of the Fort Bend Cod.	
The Top of Slab Elevation (in relation to mean sea all new or substantially improved structures:	ı level, 1973 Datum)		nty Levee
The Top of Slab Elevation (in relation to mean sea	ı level, 1973 Datum) (		nty Levee
The Top of Slab Elevation (in relation to mean sea all new or substantially improved structures:	level, 1973 Datum) (MSL.  Ves No	of the lowest habitable floor (inc	nty Levee
	Location of Description of Property: Subdivision:  SectionBlockLot	Location of Description of Property: Subdivision:  Section	Street Address: Abstract: Other: No. of Units: Square Footage of Structure: Check or Write in Applicable Information: Residential Mobile Home Commercial Under Construction: Relocated Structure: Proposed: