



CITY OF ARANSAS PASS

Building Department

PERMIT NUMBER: **11000716**
PERMIT DESCRIPTION: **ROOFING PERMIT**
PROPERTY LOCATION: **629 S 9TH ST**

PAID
JAN 31 2018
BY: 1473 PS

CONTRACTOR NAME & ADDRESS: **Champion Construction 602-303-8880**
845 N COMMERCIAL
Aransas Pass, TX, 78336

OWNER NAME & ADDRESS: **FRANDOLIG JAMES W**
629 S 9TH ST
ARANSAS PASS, TX
78336-3926

VALUE: **\$6,000.00**
FEE: **\$95.00**

This permit is granted on the express condition that the said construction shall, in all respect, conform to the ordinances of the city of Aransas Pass regulating the construction and occupancy of buildings and may be revoked at any time upon violation of any of the provisions of said ordinances.

CITY OF ARANSAS PASS



AUTHORIZED SIGNATURE



CONTRACTOR

THIS PERMIT IS VALID FOR 6 MONTHS.

ISSUE DATE: **01/31/2018**

EXPIRE DATE: **07/30/2018**

CITY OF ARANSAS PASS – BUILDING DEPARTMENT
601 N Avenue A, Aransas Pass, TX 78336 / (361)758-3111 / fax (361)758-1309



Residential Building Permit Application

(ALL ITEMS MUST BE FILLED OUT COMPLETELY)

- | | | | |
|---|-------------------------------------|--|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Addition | <input type="checkbox"/> Remodel | <input type="checkbox"/> General Repair |
| <input type="checkbox"/> Driveway | <input type="checkbox"/> Demolition | <input type="checkbox"/> Foundation Repair | <input type="checkbox"/> Pool/Spa |
| <input type="checkbox"/> Patio/Carport | <input type="checkbox"/> Dock/Deck | <input type="checkbox"/> Detached Garage | <input type="checkbox"/> Garage |
| <input type="checkbox"/> Window Replacement | <input type="checkbox"/> Siding | <input type="checkbox"/> Shed/Storage | <input type="checkbox"/> Fence |

Project Address: 6029 S 9th St.

Subdivision: _____ Lt. _____ Blk. _____

Property Tax ID: _____

Plated: YES NO **Building Permits CAN NOT be issued on properties Not Platted**

Previous Use: _____

Description of work in detail: Roofing some Drywall Repair

Area of Work	Project Cost
1 st Floor Sq. Ft.	Building:
2 nd Floor Sq. Ft.	Mechanical:
3 rd Floor Sq. Ft.	Electrical:
Garage Sq. Ft.	Plumbing:
Total Square Footage: (Include additional floors on a separate sheet.)	Total Project Cost: <u>1000⁰⁰</u>

Names	E-Mail	Address, City, Zip	Phone #
Contractor: <u>Champion</u>	<u>LARRY.ELLIOTT03@gmail.com</u>		<u>602-303-8886</u>
Project Contact:			
Owner:			
Engineer:			
Designer:			

⇒ Larry Elliott
Print Name

602-303-8886
Phone Number

⇒ [Signature]
Signature of Contractor or Authorized Agent

01-29-2017
Date

⇒ _____
Signature of Owner (if owner is builder)

Date

Office Use Only:	Permit#: _____	Intake Date: _____	PR Fee: _____	Staff Initials: _____
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CITY OF ARANSAS PASS

Building Department

PERMIT NUMBER: 30011618
PERMIT DESCRIPTION: PLUMBING PERMIT
PROPERTY LOCATION: 629 S 9TH

NAME AND ADDRESS: ROYAL PLUMBING PO BOX 629 FEE: 65.00

PORTLAND TX 78374

CONTRACTOR: ROYAL PLUMBING PO BOX 629

PORTLAND TX 78374

PHONE:

DESCRIPTION: PLUMBING

SUBDIVISION:

LOT:

BLOCK:

TRACT:

SQUARE FOOTAGE: 0

VALUE: 3,000.00

OCCUPANCY:

P A I D

APR 30 2015

Per CE
CKA 5300

THIS PERMIT IS GRANTED ON THE EXPRESS CONDITION THAT THE SAID CONSTRUCTION SHALL, IN ALL RESPECT, CONFORM TO THE ORDINANCES OF THE CITY OF ARANSAS PASS REGULATING THE CONSTRUCTION AND OCCUPANCY OF BUILDINGS AND MAY BE REVOKED AT ANY TIME UPON VIOLATION OF ANY OF THE PROVISIONS OF SAID ORDINANCES.

CITY OF ARANSAS PASS

AUTHORIZED SIGNATURE

CONTRACTOR

THIS PERMIT IS VALID FOR SIX MONTHS.

ISSUE DATE: 4/30/2015

EXPIRE DATE: 10/31/2015

600 W. Cleveland Blvd. - P.O. Box 2000 - Aransas Pass, Texas 78335-2000
Phone (361) 758-3460 - Fax (361) 758-3457



PLUMBING/IRRIGATION Permit Application

Job Address: 629 So. 9th St. ARANSAS PASS, TX 78336

Contractor's Name: Royal Plumbing

Contractor's Address, City, Zip, Phone: P.O. Box 629 PORTLAND, TX 78374 361-643-7209

Owner's Name: LUCY FRAUDOLIG

Owner's Address, City, Zip, Phone: 629 So. 9th St. ARANSAS PASS, TX 78336

Describe work to be done:
REPLACE 60' of 4" Clay line

This permit becomes null and void if construction work authorized is not commenced within 6 months or if the work is suspended or abandoned for a period of 6 months at any time after work is commenced.

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. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

PERMIT FEES shall be as follows:

For issuing each permit\$35.00

\$10.00 x \$1,000.00 of valuation
\$10.00 x 3,000 (valuation) = \$ 30⁰⁰

OR

NEW CONSTRUCTION ONLY:
\$0.05 x Total Gross Square Footage
Total Square Footage : _____

TOTAL PERMIT FEE\$ 65⁰⁰

[Signature]
Signature of Contractor or Authorized Agent

4-30-15
Date



Case # 161

CITY OF ARANSAS PASS

Inspection Department

PERMIT NUMBER: 30006845
PERMIT DESCRIPTION: RES BUILDING PERMIT
PROPERTY LOCATION: 629 S 9TH STREET

NAME AND ADDRESS: JAMES FRANDOLIG
629 S 9TH STREET
ARANSAS PASS TX 78336
FEE: 25.00

CONTRACTOR: JAMES FRANDOLIG
629 S 9TH STREET
ARANSAS PASS TX 78336
PHONE:

DESCRIPTION: BUILDING RESIDENTIAL REMODEL

SUBDIVISION:
LOT:
BLOCK:
TRACT:
SQUARE FOOTAGE: 0
VALUE: 400.00
OCCUPANCY:

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CITY OF ARANSAS PASS

[Handwritten Signature]

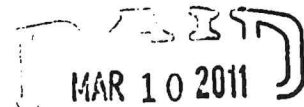
AUTHORIZED SIGNATURE

CONTRACTOR

THIS PERMIT IS VALID FOR SIX MONTHS.

ISSUE DATE: 3/10/2011

EXPIRE DATE: 9/09/2011



BY:.....

BUILDING PERMIT APPLICATION

City of Aransas Pass P.O. Box 2000 Aransas Pass TX 78335 361-758-5415

Job

Address 629 S. 9th Aransas Pass, TX 78336

Legal Description Lot Block Subdivision

Owner's Name Address City, Zip Phone

James W. Frandolis 629 S. 9th Aransas Pass 758-3663

Contractor's Name Address City, Zip Phone

Architect or Designer Address City, Zip Phone

Engineer's Name Address City, Zip Phone

Describe Work to be Done.

Fence for Dog

Will work be inspected for compliance with Windstorm regulations? If yes, write name of Engineering Firm and phone number, or Windstorm.
YES NO

Has an asbestos survey been done that meets the regulatory requirements? YES NO

Value of Work: \$ 400.00

FOR OFFICE USE

This permit becomes null and void if construction work authorized is not commenced within 6 months or if the work is suspended or abandoned for a period of 6 months at any time after work is commenced.

Type of Construction	Occupancy Group	Division
Size of Building	No. of Stories	Max. Occup. Load
Fire Zone	Use - Zone	Sprinklers Required

No. of Dwelling Units Offstreet Parking Spaces:
Covered: Uncovered:

Dept: Initials Approval Deny Date

Public Works

Fire Dept.

Other (Specify)

Permit Amount

Plan Check Fee: TOTAL PERMIT FEE:

James W. Frandolis
Signature of Contractor or Authorized Agent

03/10/2011
Date



CASH

CITY OF ARANSAS PASS

Inspection Department

PERMIT NUMBER: 30007263
PERMIT DESCRIPTION: RES BUILDING PERMIT
PROPERTY LOCATION: 629 S. 9TH ST.

NAME AND ADDRESS: JAMES FRANDOLIG
629 S. 9TH ST.
ARANSAS PASS TX 78336
FEE: 60.00

CONTRACTOR: JAMES FRANDOLIG
629 S. 9TH ST.
ARANSAS PASS TX 78336
PHONE:

DESCRIPTION: BUILDING RESIDENTIAL REMODEL

SUBDIVISION:
LOT:
BLOCK:
TRACT:
SQUARE FOOTAGE: 0
VALUE: 7,430.00
OCCUPANCE:

THIS PERMIT IS GRANTED ON THE EXPRESS CONDITION THAT THE SAID CONSTRUCTION SHALL, IN ALL RESPECT, CONFORM TO THE ORDINANCES OF THE CITY OF ARANSAS PASS REGULATING THE CONSTRUCTION AND OCCUPANCY OF BUILDINGS AND MAY BE REVOKED AT ANY TIME UPON VIOLATION OF ANY OF THE PROVISIONS OF SAID ORDINANCES.

CITY OF ARANSAS PASS

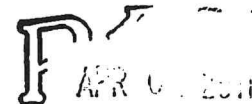
Garnie Metzger
AUTHORIZED SIGNATURE

CONTRACTOR

THIS PERMIT IS VALID FOR SIX MONTHS.

ISSUE DATE: 4/05/2011

EXPIRE DATE: 10/06/2011



BY:

BUILDING PERMIT APPLICATION

City of Aransas Pass P.O. Box 2000 Aransas Pass TX 78335 361-758-5415

Job
Address

Legal Description	Lot	Block	Subdivision
	629	S.	9th St.

Owner's Name	Address	City, Zip	Phone
James W. + Lucy Mal Frando lig			758-3663

Contractor's Name	Address	City, Zip	Phone

Architect or Designer	Address	City, Zip	Phone
Dan Woods	434 Augusta Dr.	Rckt, TX	991-6759

Engineer's Name	Address	City, Zip	Phone
Re-roof			

Describe Work to be Done

Will work be inspected for compliance with Windstorm regulations? If yes, write name of Engineering Firm and phone number, or Windstorm.

YES NO

Has an asbestos survey been done that meets the regulatory requirements? YES NO

Value of Work: \$ 7430.⁰⁰

FOR OFFICE USE

This permit becomes null and void if construction work authorized is not commenced within 6 months or if the work is suspended or abandoned for a period of 6 months at any time after work is commenced.

Type of Construction	Occupancy Group	Division
Size of Building	No. of Stories	Max. Occup. Load
Fire Zone	Use - Zone	Sprinklers Required

No. of Dwelling Units	Offstreet Parking Spaces:
	Covered: _____ Uncovered: _____

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. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Dept:	Initials	Approval	Deny	Date
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Public Works _____

Fire Dept. _____

Other (Specify) _____

Permit Amount _____

Plan Check Fee: _____ TOTAL PERMIT FEE: _____

Sharon Conner
Signature of Contractor or Authorized Agent

4/5/11
Date