



CITY OF BAYTOWN

COMMERCIAL PERMIT APPLICATION

PROJECT ADDRESS: _____ ZONING DISTRICT: _____

CURRENT PROPERTY USE: _____ PROPOSED PROPERTY USE: _____

DESCRIPTION AND NAME OF BUSINESS: _____

OWNER'S NAME: _____ PHONE: (____) _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

OWNER'S E-MAIL ADDRESS: _____

ENGINEER: _____ PHONE: (____) _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

ENGINEER'S E-MAIL ADDRESS: _____

ARCHITECT: _____ PHONE: (____) _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

ARCHITECT'S E-MAIL ADDRESS: _____

CONTRACTOR BUSINESS NAME: _____ PHONE: (____) _____

PERMIT TYPE

- | | | |
|---|---|---|
| <input type="checkbox"/> New Commercial Development | <input type="checkbox"/> Certificate of Occupancy | <input type="checkbox"/> Public Improvement |
| <input type="checkbox"/> Add-on Commercial | <input type="checkbox"/> Demolition* | <input type="checkbox"/> Storm Water Pollution Prevention Plan (Only) |
| <input type="checkbox"/> Remodel Commercial * | <input type="checkbox"/> Site Work (Only) | <input type="checkbox"/> Secure Building |
| <input type="checkbox"/> Other _____ | | |

DESCRIPTION OF IMPROVEMENT: _____

COST OF IMPROVEMENT \$ _____ (Total Dollar value of Labor and Materials)

Texas Accessibility Standards (TAS) Registration Number (Required if \$50,000 or more): _____

SQUARE FOOTAGE OF BUILDING: _____ UTILITY AVAILABILITY: Yes No Approval Date: _____

TOTAL LAND AREA : _____ PLAT FILED: Yes No Apply Date : _____

THIS CERTIFIES THAT ON THIS DATE APPLICATION WAS MADE FOR PERMIT WITH THE CITY OF BAYTOWN AND BY THIS SIGNATURE, THE APPLICANT AGREES TO COMPLY WITH ALL APPLICABLE CODES AND CITY ORDINANCES.

APPLICANT PRINTED NAME _____ DATE _____

APPLICANT SIGNATURE _____ DATE _____

***REMODEL / DEMOLITION ONLY** - I HEREBY CERTIFY THAT AN ASBESTOS SURVEY HAS BEEN DONE IN ACCORDANCE WITH THE TEXAS ASBESTOS HEATH PROTECTION RULES (TAHPR) AND THE NATIONAL EMISSION STANDARDS FOR HAZARDOUS AIR POLLUTANTS (NESHAP) FOR THE AREA(S) BEING RENOVATED AND/OR DEMOLISHED. A COPY OF THE ASBESTOS SURVEY IS INCLUDED WITH THIS PERMIT APPLICATION.

OFFICE USE ONLY

RERMIT# _____

PROJECT# PL _____

PROJECT MANAGER: _____ DATE: _____

PLANS EXAMINER: _____ DATE: _____

TYPE OF CONSTRUCTION: _____ OCCUPANCY TYPE: _____

FLOOD HAZARD VERIFICATION: NO HAZARD YES – ELEVATION CERTIFICATE REQUIRED

PLAN REVIEW FEE: _____ PERMIT FEE: _____ IMPACT FEE: _____ TOTAL DUE: _____ DATE: _____