



CITY OF BAYTOWN

Inspections

MANUFACTURED HOME PERMIT APPLICATION

NOTE: MOBILE HOMES MANUFACTURED PRIOR TO JUNE 1976 CANNOT BE RELOCATED OR BROUGHT INTO THE CITY OF BAYTOWN. THE DATE MUST BE VERIFIABLE FROM ORIGINAL MANUFACTURERS SERIAL NUMBER PLATE IN THE FACTORY LOCATION.

ADDRESS OF PROJECT: _____	LOT: _____	BLOCK: _____
SUBDIVISION: _____	ZONING DISTRICT: _____	
OWNER NAME: _____	PHONE: () _____ - _____	
OWNER ADDRESS: _____	CITY: _____	STATE: _____ ZIP: _____
RETAILER NAME: _____	PHONE: () _____ - _____	
STREET ADDRESS: _____	CITY: _____	STATE: _____ ZIP: _____
STATE LICENSE NUMBER: _____		
INSTALLER NAME: _____	PHONE: () _____ - _____	
STREET ADDRESS: _____	CITY: _____	STATE: _____ ZIP: _____
STATE LICENSE NUMBER: _____		

MANUFACTURED HOME IDENTIFICATION INFORMATION

New: []	Used: []	Model/Name: _____
Manufacturer: _____	Home Size - Width/Length: _____ X _____	
Serial Number: _____	Number of Bedrooms: _____	
Date of Manufacture: _____	Number of Bathrooms: _____	

SITE INFORMATION

Utility Availability I.D. # - Water _____	Utility Availability I.D.# - Sewer _____
New Driveway []	Existing Driveway []

ADDRESS NUMBERS MUST BE POSTED DURING CONSTRUCTION AND PERMANENTLY AT TIME OF FINAL INSPECTION.

THIS CERTIFIES THAT ON THIS DATE I SUBMITTED APPLICATION FOR A PERMIT WITH THE CITY OF BAYTOWN, I AGREE TO FOLLOW ALL BUILDING CODES AND CITY ORDINANCES. BY SIGNING BELOW I AM ALSO ACKNOWLEDGING THE REQUIREMENTS OF OFF-STREET PARKING WILL BE MET ALONG WITH ALL OTHER APPROVALS BEFORE OCCUPYING THE MANUFACTURED HOME.

APPLICANTS SIGNATURE _____ DATE _____

APPLICANTS PRINTED NAME _____

OFFICE USE ONLY

ZONING ADMINISTRATOR _____ DATE _____

PLAN REVIEWER _____ DATE _____

FLOOD HAZARD VERIFICATION NO HAZARD YES - ELEVATION CERTIFICATE REQUIRED