



CITY OF BAYTOWN

RESIDENTIAL BUILDING PERMIT APPLICATION

ADDRESS OF PROJECT: _____ LOT: _____ BLOCK: _____

SUBDIVISION: _____ ZONING DISTRICT: _____

OWNER NAME: _____ PHONE: (_____) _____

OWNER ADDRESS: _____ CITY _____ STATE _____ ZIP _____

OWNER E-MAIL ADDRESS: _____

CONTRACTOR NAME: _____ PHONE: (_____) _____

STREET ADDRESS: _____ CITY _____ STATE _____ ZIP _____

CONTRACTOR E-MAIL ADDRESS: _____

ARCHITECT/ENGINEER: _____ PHONE: (_____) _____

Permit Type

- | | | |
|--|--|--|
| <input type="checkbox"/> New Residence | <input type="checkbox"/> Carport | <input type="checkbox"/> Urban Rehab |
| <input type="checkbox"/> Add-on to Residence | <input type="checkbox"/> Fence | <input type="checkbox"/> Community Development |
| <input type="checkbox"/> Remodel Residence | <input type="checkbox"/> Driveway | <input type="checkbox"/> Placement of Moved in Residence |
| <input type="checkbox"/> Foundation Repair | <input type="checkbox"/> Garage | <input type="checkbox"/> Roof Replacement |
| <input type="checkbox"/> Storage Building | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Secure Structure |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Fire Damage | <input type="checkbox"/> Other _____ |

DESCRIPTION OF IMPROVEMENT: _____

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

TRCC REGISTRATION # _____

SQUARE FOOTAGE OF BUILDING/RESIDENCE: _____

NUMBER OF STORIES: _____

SQUARE FOOTAGE OF GARAGE: _____

NUMBER OF BEDROOMS: _____

NUMBER OF BATHROOMS: _____

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

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 _____

APPLICANTS SIGNATURE _____ DATE _____

OFFICE USE ONLY

PERMIT# _____

PROJECT # PL _____

ZONING ADMINISTRATOR: _____ DATE _____

PLAN EXAMINER: _____ DATE _____

FLOOD HAZARD VERIFICATION: NO HAZARD YES – ELEVATION CERTIFICATE REQUIRED

FLOOD ZONE: _____ AE _____ VE

PLAN REVIEW _____ PERMIT FEE _____ TOTAL DUE _____ DATE _____