



CITY OF BAYTOWN

Building Services Division
 2401 Market Street Baytown, TX 77520
building@baytown.org
 Phone: 281-420-6537

COMMERCIAL DEVELOPMENT PLAN CHECKLIST

Project Title/ Business Name: _____
Project Title / Business name must be the same on all documents (application, plan set, etc.)

Project Address: _____

Checklist must be included with all plan submittals. Applicants shall use this checklist to aid in submitting complete permit plans for review. All plans are subject to a full review and additional information/corrections may be required. Indicate the page number of the item required corresponding to your plan submittal.

* Not all plan sets require this sheet (i.e. Civil only, Building only, size thresholds, etc.). It is the owner/agent's responsibility to review the Ordinance Requirements and indicate "NR" (Not Required) in the Page Number field if appropriate.

Items Required <small>(If a required item is not submitted please add an explanation)</small>		Page Number	Applicant Notes
	Complete Commercial Permit Application	N/A	
	Digital Copy of Plans <small>(Combine the complete plan set into a <u>single .pdf file</u>)</small>	N/A	
	Plan Cover Sheet with Building Code Analysis	N/A	
Civil	Approved Utility Availability & Utility Service Request Letters	N/A	Meter Size:_____ Type:_____
	Utility Plan (Water / Sewer, with meter & tap locations)		
	Drainage & Grading Plans		
	SWPPP Plan (Complete a Storm Water Permit Application)		
	Fire Lane Requirements *		
Architectural	Current Property Survey		
	Recorded Plat		
	Proposed Site Plan w/ Parking & Lot Coverage Calculations		
	Building Elevations & Façade Materials		
	Landscaping Plan *		
Structural	Floor Plan with Egress & Dimensions		
	Engineered Foundation, Wind Design & Framing Plans		
	Energy Code Analysis * (COMcheck / ASHRAE)		
	Mechanical/Electrical/Plumbing Plans *		
	Construction Sign Detail Information		
City of Baytown Wind Speed Requirement is 150 MPH V ULT (Ultimate Design Wind Speed)			

By submitting these plans the applicant states that such plans are complete and correct. Incomplete plans will be returned as having not been reviewed and administratively incomplete.

Office Use Only

Date Received:		Permit # _____
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CITY OF BAYTOWN
COMMERCIAL PERMIT APPLICATION

ADDRESS OF PROJECT:
CURRENT PROPERTY USE: PROPOSED PROPERTY USE:
NAME OF BUSINESS:
OWNER NAME: PHONE:
OWNER'S ADDRESS: CITY: STATE: ZIP:
OWNER'S E-MAIL ADDRESS:
CONTRACTOR COMPANY NAME: PHONE:
CONTRACTOR'S ADDRESS: CITY: STATE: ZIP:
CONTRACTOR'S E-MAIL ADDRESS:
APPLICANT NAME: PHONE:
APPLICANT'S E-MAIL ADDRESS:

PERMIT TYPE

- NEW COMMERCIAL DEVELOPMENT *°
ADD-ON COMMERCIAL **°
REMODEL COMMERCIAL *
SITE WORK (ONLY)**°
DEMOLITION*
HOT ROOF ___# OF TAR POTS
SECURE BUILDING
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):

SALE OF FOOD/DRINK: YES NO GREASE TRAP: N/A NEW EXISTING
SQUARE FOOTAGE OF BUILDING: UTILITIES EXISTING: YES NO
TOTAL LAND AREA : PLAT FILED: YES NO APPROVAL DATE:

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

CERTIFICATION: THE UNDERSIGNED HEREBY CERTIFIES THAT ON THIS DATE APPLICATION WAS MADE FOR PERMIT WITH THE CITY OF BAYTOWN AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FORM AND ANY PLANS OR SUPPORTING DOCUMENTATION SUBMITTED IS TRUE AND CORRECT.

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

THIS APPLIATION SHALL EXPIRE: PURSUANT TO SECTION 105.3.2 OF THE 2015 INTERNATIONAL BUILDING CODE APPLICATIONS FOR PERMIT WILL BE DEEMED ABANDONED 180 DAYS AFTER THE DATE OF FILLING UNLESS THE APPLICATION HAS BEEN PURSUED IN GOOD FAITH OR A PERMIT HAS BEEN ISSUED.

APPLICANT PRINTED NAME: DATE

APPLICANT SIGNATURE: DATE

OFFICE USE ONLY
DATE: PERMIT#
FEES: PLAN REVIEW: PERMIT: PROCESSING: \$30.00 FIRE: IMPACT : TOTAL:
** A COMPLETENESS REVIEW CHECKLIST MUST BE SUBMITTED FOR THIS PERMIT TYPE ° ZONING REVIEW WILL BE REQUIRED