



# CITY OF BAYTOWN

## RESIDENTIAL DEVELOPMENT PLAN CHECKLIST

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.

- Completed Residential Development Permit Application
- Digital Copy of Plans – All documents shall be of sufficient quality and clarity to facilitate review. (Combine the complete plan set into a single .pdf file)
- Plan Cover Sheet with the following project information:
  - Index of drawings
  - Design Criteria – 2015 IRC, IPC, IFGC, IMC, IECC and 2017 NEC
  - Wind Design Criteria – 150 mph (ultimate design wind speed, V ult)
  - Address, model name/number, selected options and elevation
  - Lot coverage calculations including all improvements on property
  - Identify the flood zone in which the property is located
- Property Survey
- Proposed Plot Plan – Include public sidewalk in the right-of- way
- Plan View Drawings
- Elevation View Drawings – Front, Rear, Sides
- Engineered Foundation Plan and Details – Top of form shall extend 18” above crown of the road\*
- Engineered Frame and Windstorm Resistant Construction Plan and Details (150 mph V ult)
  - Roof framing plan – Identify purlin size, location, length and bearing location of brace.
  - Ceiling framing plan – Identify beams used for roof bracing.
  - Roof ventilation plan and calculations – Identify attic area, ventilation methods and total net free ventilating area in upper and lower thirds.
  - Wall framing plan – Identify header location, size and span.
  - Wall section details
- Provide the following construction documents:
  - Isometric drawings and riser diagrams for gas and plumbing
  - Load calculations and one-line diagrams for electrical
  - Heating and cooling load calculations, sizing and design for mechanical systems.
  - Documents shall be specific to each model, option and elevation and bear the seal and signature of a licensed professional engineer or the name, signature and license number of the master of the respective trade.
- Energy Code Analysis (REScheck or equivalent - 2015 IECC)
- Completed Utility Service Request Application

**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 # _____



# CITY OF BAYTOWN

## RESIDENTIAL BUILDING PERMIT APPLICATION

ADDRESS OF PROJECT: \_\_\_\_\_

COUNTY: HARRIS CHAMBERS LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

CURRENT USE: \_\_\_\_\_ PROPOSED USE: \_\_\_\_\_

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 RESIDENCE\*

CARPORT\*

DEMOLITION

ADD-ON TO RESIDENCE\*

FENCE

SWIMMING POOL

REMODEL RESIDENCE

NEW DRIVEWAY \*

ROOF REPLACEMENT

FOUNDATION REPAIR

DRIVEWAY REPLACEMENT\*

SECURE STRUCTURE

STORAGE BUILDING\*

GARAGE\*

PLACEMENT OF MOVED IN RESIDENCE\*

OTHER \_\_\_\_\_

DESCRIPTION OF IMPROVEMENT: \_\_\_\_\_

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

SQUARE FOOTAGE OF BUILDING/RESIDENCE: \_\_\_\_\_

NUMBER OF STORIES: \_\_\_\_\_

SQUARE FOOTAGE OF GARAGE: \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_

SQUARE FOOTAGE OF DRIVEWAY: \_\_\_\_\_

NUMBER OF BATHROOMS: \_\_\_\_\_

SQUARE FOOTAGE OF OTHER BUILDINGS ON PROPERTY: \_\_\_\_\_

SQUARE FOOTAGE OF LOT: \_\_\_\_\_

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. BY THIS SIGNATURE; THE APPLICANT AGREES TO COMPLY WITH ALL APPLICABLE CODES AND CITY ORDINANCES.

**THIS APPLICATION 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# \_\_\_\_\_

PLAN REVIEW FEE: \_\_\_\_\_ PERMIT FEE: \_\_\_\_\_ PROCESSING FEE: \$30.00 IMPACT FEE: \_\_\_\_\_ TOTAL DUE: \_\_\_\_\_

\* Requires a Zoning Review