



CITY OF BAYTOWN

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: _____	
CURRENT PROPERTY USE: <input type="checkbox"/> VACANT <input type="checkbox"/> EXISTING MANUFACTURED HOME ON LOT <input type="checkbox"/> OTHER BUILDING ON LOT _____ (SIZE)		
OWNER NAME: _____	PHONE: () _____ - _____	
OWNER ADDRESS: _____		
EMAIL 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: _____	EMAIL ADDRESS: _____	

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

Utilities Existing: Yes No (If no complete a Utility Service Request) **Driveway:** New Existing (_____ Size)

ADDRESS NUMBERS 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 AND ACKNOWLEDGES THAT THE REQUIREMENTS FOR OFF-STREET PARKING WILL BE MET ALONG WITH ALL OTHER APPROVALS BEFORE OCCUPYING THE MANUFACTURED HOME

THIS APPLICATION SHALL EXPIRE: PURSUANT TO SECTION 105.3.2 OF THE 2009 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.

APPLICANTS SIGNATURE _____ **DATE** _____

APPLICANTS PRINTED NAME _____

OFFICE USE ONLY

SUBMITTED _____	PERMIT # _____
ZONING REVIEW _____	ZONING DISTRICT: _____ DATE _____
PLAN REVIEWER _____	DATE _____
FLOOD HAZARD VERIFICATION: _____ YES (ELEVATION CERTIFICATE REQUIRED) _____ NO HAZARD FLOOD ZONE: _____	
FEES: PERMIT: _____ DRIVEWAY: _____ PROCESSING: _____ IMPACT: _____ TOTAL: _____	