



CITY OF BAYTOWN

Multi-family Dwelling Annual Registration Form

Complex Information:

Complex Name: _____

Complex Physical Address: _____

Mailing Address: _____

Complex Phone: _____ Email: _____

Owner Information:

Owner Name: _____

Owner Address: _____

Owner Phone: _____ Email: _____

In-State Registered Agent Name: _____

Type of Business: R.E.I.T. T.I.C L.L.P. L.L.C. Non Profit C.L.P. L.P. Other _____

List contact information for any entities listed above (officers, partners, management, trustees, etc.) or designated agents to which legal correspondence can be made if needed:

Officer/Partner/Member/Trustee/Authorized Agent Name/Governing Person: _____

Property Manager Information:

Property Manager Name: _____

Property Manager Address: _____

Property Manager Phone: _____ Email: _____

After Hours Contact Name (For 911 purposes): _____

After Hours Contact Phone: _____ Email: _____

In-state Registered Agent Information:

Registered Agent Name: _____

Registered Agent Address: _____

Registered Agent Phone: _____ Email: _____

Mortgagee Information:

Mortgagee Name: _____

Mortgagee Address: _____

Mortgagee Phone: _____ Email: _____

Provide the following property information:

➤ Total # of units: _____ Total # by type: ___ Efficiencies ___ 1 bedroom ___ 2 bedroom ___ 3 bedroom ___ 4 bedroom

➤ Sq. ft. of each bedroom: 1 Bedroom Unit: ___ 2 Bedroom Unit: 1) ___ 2) ___ 3) ___ 3 Bedroom Unit: 1) ___ 2) ___ 3) ___ 4 Bedroom Unit 1) ___ 2) ___ 3) ___ 4) ___

➤ This property is a: Senior Housing Assisted Living Single Residence Occupancy HUD Sec. 8 dwelling HATCH

Provide the following attachments:

- A current site plan depicting
 - the total number of all buildings within the complex,
 - a description of the use of each building,
 - the location of each building within the complex, and
 - the number of dwelling units contained in each building;
- An annual inspection report from a 3rd party inspection service stating that, if applicable, all fire hydrants, fire sprinklers, fire alarm systems and fire extinguishers have passed inspection for the current year; and
- A certification by a person licensed under the Texas Structural Pest Control Act that the multi-family dwelling complex has been sprayed and treated for insects, rodents and vermin within the preceding six months.

Read and initial each of the following:

- I hereby acknowledge receipt of the City of Baytown Multi-Family Dwelling Ordinance and agree to abide by the same as a condition of receiving and/or maintaining a registration certificate.
- I hereby certify that any access gates and any surveillance devices are in proper working order.
- I hereby certify that every dwelling unit is equipped with a smoke detector device in proper working order.
- I hereby certify that all of the information submitted with this application is true and accurate to the best of my knowledge.
- I understand that this is an official government record. I understand that knowingly making a false entry or omitting required information in one or more of the above fields could result in criminal charges and the denial or revocation of my registration.

Applicant Printed Name

Title of Applicant

Applicant Signature

Date

For questions and correspondence:

**City of Baytown
 Building Services Division
 2401 Market Street
 Baytown, TX 77520
 281-420-6537**