



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	