



CITY OF BAYTOWN

SIGN PERMIT APPLICATION

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

Incomplete applications will not be accepted.

Indicate "NA" when an item does not pertain to your application.

BUSINESS INFORMATION			
BUSINESS NAME:			
PROJECT ADDRESS:			
BUSINESS: <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING <input type="checkbox"/> RELOCATING		CERTIFICATE OF OCCUPANCY: <input type="checkbox"/> YES <input type="checkbox"/> NO	
SIGN INFORMATION			
SIGN STRUCTURE # 1 – <input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> EXISTING		SIGN STRUCTURE # 2 – <input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> EXISTING	
SIGN TYPE <input type="checkbox"/> GROUND <input type="checkbox"/> MARQUEE <input type="checkbox"/> PROJECTING <input type="checkbox"/> ROOF <input type="checkbox"/> WALL <input type="checkbox"/> PORTABLE		SIGN TYPE <input type="checkbox"/> GROUND <input type="checkbox"/> MARQUEE <input type="checkbox"/> PROJECTING <input type="checkbox"/> ROOF <input type="checkbox"/> WALL <input type="checkbox"/> PORTABLE	
DIMENSION: LENGTH _____ FT x WIDTH _____ FT = _____ TOTAL SQ FT VERTICAL HEIGHT _____ FT (ABOVE GRADE) ELECTRICAL ___ YES ___ NO <input type="checkbox"/> SINGLE FACE <input type="checkbox"/> DOUBLE FACE _____ TOTAL SQ FT		DIMENSION: LENGTH _____ FT x WIDTH _____ FT = _____ TOTAL SQ FT VERTICAL HEIGHT _____ FT (ABOVE GRADE) ELECTRICAL ___ YES ___ NO <input type="checkbox"/> SINGLE FACE <input type="checkbox"/> DOUBLE FACE _____ TOTAL SQ FT	
DESCRIPTION: _____		DESCRIPTION: _____	
SIGN STRUCTURE # 3 – <input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> EXISTING		SIGN STRUCTURE # 4 – <input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> EXISTING	
SIGN TYPE <input type="checkbox"/> GROUND <input type="checkbox"/> MARQUEE <input type="checkbox"/> PROJECTING <input type="checkbox"/> ROOF <input type="checkbox"/> WALL <input type="checkbox"/> PORTABLE		SIGN TYPE <input type="checkbox"/> GROUND <input type="checkbox"/> MARQUEE <input type="checkbox"/> PROJECTING <input type="checkbox"/> ROOF <input type="checkbox"/> WALL <input type="checkbox"/> PORTABLE	
DIMENSION: LENGTH _____ FT x WIDTH _____ FT = _____ TOTAL SQ FT VERTICAL HEIGHT _____ FT (ABOVE GRADE) ELECTRICAL ___ YES ___ NO <input type="checkbox"/> SINGLE FACE <input type="checkbox"/> DOUBLE FACE _____ TOTAL SQ FT		DIMENSION: LENGTH _____ FT x WIDTH _____ FT = _____ TOTAL SQ FT VERTICAL HEIGHT _____ FT (ABOVE GRADE) ELECTRICAL ___ YES ___ NO <input type="checkbox"/> SINGLE FACE <input type="checkbox"/> DOUBLE FACE _____ TOTAL SQ FT	
DESCRIPTION: _____		DESCRIPTION: _____	
SIGN STRUCTURE # 5 – <input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> EXISTING		TOTAL SQ FT OF NEW SIGN(S) = _____ SQ FT COST OF PROJECT: \$ _____	
SIGN TYPE <input type="checkbox"/> GROUND <input type="checkbox"/> MARQUEE <input type="checkbox"/> PROJECTING <input type="checkbox"/> ROOF <input type="checkbox"/> WALL <input type="checkbox"/> PORTABLE			
DIMENSION: LENGTH _____ FT x WIDTH _____ FT = _____ TOTAL SQ FT VERTICAL HEIGHT _____ FT (ABOVE GRADE) ELECTRICAL ___ YES ___ NO <input type="checkbox"/> SINGLE FACE <input type="checkbox"/> DOUBLE FACE _____ TOTAL SQ FT			
DESCRIPTION: _____			
BUSINESS OWNER NAME:			
MAILING ADDRESS:			
E-MAIL ADDRESS:			PHONE:
SIGN CONTRACTOR BUSINESS NAME:			
MAILING ADDRESS:		LIC #	EXPIRATION:
E-MAIL ADDRESS:			PHONE:

CERTIFICATION: THE UNDERSIGNED HEREBY CERTIFIES THAT ON THIS DATE APPLICATION WAS MADE FOR A 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 FILING 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			
SIGN PMT #:		ELECT PMT #:	BUSINESS #: LICENSE(S) #:
CONT ID:			
FEES	SIGN PMT: \$	ELECT PMT: \$	SIGN LICENSE FEES: \$
CONTR REG:			
PAST DUE LIC: \$		TOTAL AMOUNT DUE: \$	NOTES:



CITY OF BAYTOWN

Planning & Development Services

SIGN PERMIT CHECKLIST

Provide the following submittal documents as a single pdf file on a USB drive and one hard copy.
All documents shall be of sufficient quality and clarity to facilitate review.

- Completed Sign Permit Application and Electrical Permit Application if applicable.
- Existing Site Plan or Survey which includes all signs on the property.
- Proposed Site Plan or Survey showing all new signs and/or replacements.
- Provide plans that show the dimensions, material and required details of construction, including loads, stresses and anchors. (2015 IBC appendix H Section H105 Design and Construction).
- Provide documentation from a qualified Engineer delineating and describing methods of attachment which will meet the required wind speed of (150 MPH ultimate designed wind speed, V_{ULT}), and will not adversely affect the structure or façade.