



CITY OF BAYTOWN

Universal Development Application

Planning & Development Services
2401 Market Street
Baytown, TX 77520
Phone: 281-420-5394
Planning@baytown.org

Incomplete applications will not be accepted. Indicate "N/A" when an item does not pertain to your application.

APPLICATION TYPE - CHECK APPROPRIATE BOX BELOW

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Zoning Map Amendment | <input type="checkbox"/> Telecommunication Special Use | <input type="checkbox"/> Replat | <input type="checkbox"/> General Plan |
| <input type="checkbox"/> Zoning Variance | <input type="checkbox"/> Landscape Variance | <input type="checkbox"/> Small Subdivision* | <input type="checkbox"/> Lot Line Adjustment/Consolidation |
| <input type="checkbox"/> Zoning Special Exception | <input type="checkbox"/> Subdivision Variance | <input type="checkbox"/> Minor Plat* | <input type="checkbox"/> Fire Lane Easement |
| <input type="checkbox"/> Zoning Appeal | <input type="checkbox"/> Preliminary Plat* | <input type="checkbox"/> Amending Plat* | <input type="checkbox"/> Text Amendment |
| <input type="checkbox"/> Zoning Special Use | <input type="checkbox"/> Final Plat* | <input type="checkbox"/> Plat Certification | <input type="checkbox"/> Other _____ |

See appropriate checklist and fee schedule for minimum requirements for each application. *These applications use the same checklist.

PROJECT INFORMATION

Project/Subdivision Name: _____

Project Address/Location: _____

Brief Description of Project: _____

PROPERTY INFORMATION - THIS SECTION DOES NOT APPLY TO TEXT AMENDMENTS

Legal Description & Recording Info: _____

Parcel(s) Tax ID#(s): _____ Property platted: Yes No Don't Know

Type: Residential Acres: _____, Commercial Acres: _____, Total acres: _____ Is property in ETJ? Yes No

Existing Zoning: _____, Number of existing lots: _____, Number of existing units: _____, Current Use: _____

Proposed Zoning: _____ Number of proposed lots: _____, Number of proposed units: _____, Proposed Use: _____

Utility provider for water supply: _____ Utility provider for sanitary sewer: _____

I would like to attend a meeting with the Development Review Committee (DRC): Yes No County: Chambers Harris

APPLICANT AND OWNER INFORMATION

(Primary Contact will be notified)

Owner Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Applicant Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Person (If different from applicant): _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

By signing this application, staff is granted access to your property to perform activities related to your case. If the property owner is not signing, legally sufficient signature authority verification (i.e. letter of authorization to apply) must be provided at the time of application.

Signature(s): _____ Printed/Typed Name(s): _____

Known to me to be the person(s) whose name(s) is/are subscribed to the above and foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration expressed and in the capacity therein stated. Given under my hand and seal of office on this _____ day of _____, 20____.

Notary Public

FOR DEPARTMENT USE ONLY:

Project #: _____

Project Manager: _____ Submittal Date: _____ Accepted By: _____ Total Fee(s): \$ _____

Completeness review by: _____ Date: _____ Approved by: _____ Approval Date: _____