

## **CITY OF BAYTOWN**

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

## PETITION REQUESTING ANNEXATION

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

STATE OF TEXAS	
COUNTY OF HARRIS/CHAMBERS	
COME NOW,	, Owner(s) of the real property
(Describe property and attach metes and bounds	s) 
(State property location, for example, the property	y is located north of I-10 near N. Main Street.)
(State the purpose of this annexation – What will	be built, placed, etc.)
□ Residential/Manufactured (Number of Lots) □ Commercial Business (Business type) □ Restaurant (Number of seats) □ Office Building (Number of Occupants) □ Other (description)	<ul><li>□ RV Park (Number of Pads)</li><li>□ Hotel/Motel (Number of Beds)</li></ul>
Said tract is one-half mile or less in width; is cont and without residence or on which fewer than three	· · · · · · · · · · · · · · · · · · ·
Application Fee: voluntary annexations are \$300.0	)0
(I), (We),	, the Owner(s) of of the property by the City of Baytown.
SIGNED this theday of	, 20
Owner	Owner
Name & Title	Name & Title
Address	Address
Telephone Number	Telephone Number
Email Address	Email Address

## Acknowledgement

State of Texas	§			
County of Harris / Chambers	\$			
subscribed hereto, and who a	, kr acknowledged tha	d authority, on this da now to me to be the perso at he/she/they executed t		
and consideration therein expr				
To certify which, 20	•	d and official seal on this	the	_ day of
		Notary Public * STATE O	FTEXAS	
(seal)				
	Corporate A	cknowledgement		
State of Texas	§			
County of Harris/Chambers	§			
This instrument v	as acknowledged	d before me on		, by
	, as		of	
	, a co	rporation and on behalf of	said corporation.	
To certify which, 20		nd and official seal on th	nis the	day of
(222)		Notary Public * STATE O	FTEXAS	
(seal)				

AFTER RECORDING, RETURN TO: City of Baytown Attn: Planning Department P. O. Box 424 Baytown, TX 77522-0424