



CITY OF BAYTOWN

BUILDING SERVICES

TEMPORARY STRUCTURE PERMIT

IF A SINGLE FAMILY HOME BECOMES DAMAGED DUE TO A DISTASTER, A TEMPORARY MANUFACTURED HOME OR RECREATIONAL VEHICLE MAY BE ALLOWED ON SITE OR AT AN ALTERNATIVE SITE LOCATION DURING THE REHABILITATION OR RECONSTRUCTION OF THE HOME.

NOTE: MOBILE HOMES MANUFACTURED PRIOR TO JUNE 1976 CANNOT BE RELOCATED OR BROUGHT INTO THE CITY OF BAYTOWN. THE DATE MUST BE VERIFIABLE FROM ORIGINAL MANUFACTURERS SERIAL NUMBER PLATE IN THE FACTORY LOCATION.

TEMPORARY STRUCTURE INFORMATION

PLACEMENT ADDRESS:		LOT:	BLOCK:
SUBDIVISION:		ZONING DISTRICT:	
TYPE OF STRUCTURE: <input type="checkbox"/> RV <input type="checkbox"/> MANUFACTURED HOME* <input type="checkbox"/> WASTE/STORAGE CONTAINER		<input type="checkbox"/> ON SITE <input type="checkbox"/> OFF-SITE	
*MANUFACTURED HOME INFORMATION ONLY			
MANUFACTURER:	HOME SIZE - WIDTH/LENGTH:	X	
MODEL/NAME:	DATE OF MANUFACTURE:		

APPLICANT / OWNER INFORMATION

APPLICANT NAME:		PHONE:	
ADDRESS:	CITY:	STATE:	ZIP:
APPLICANT EMAIL:			
IF THE APPLICANT IS <u>NOT</u> THE OWNER OF THE PROPERTY THEN WE WILL NEED A STATEMENT FROM THE OWNER THAT APPLICANT MAY APPLY FOR TEMPORARY STRUCTURE PERMIT ON THE SITE.			
PROPERTY OWNER:		PHONE:	
OWNER ADDRESS:	CITY:	STATE:	ZIP:
OWNER EMAIL:			

THIS CERTIFIES THAT ON THIS DATE I SUBMITTED APPLICATION FOR A TEMPORARY STRUCTURE PERMIT WITH THE CITY OF BAYTOWN, I AGREE TO FOLLOW ALL BUILDING CODES AND CITY ORDINANCE PER CHAPTER 22, ARTICLE III, DIVISION 2. BY SIGNING BELOW I AGREE TO APPLY AND RECEIVED A PERMIT TO REPAIR MY PRIMARY STRUCTURE AND ALSO ACKNOWLEDGE THAT I MUST REMOVE THE TEMPORARY STRUCTURE WITHIN 15 DAYS OF THE ISSUANCE OF THE CERTIFICATE OF OCCUPANCY FOR THE NEW OR REHABILITATED RESIDENTIAL OR NON-RESIDENTIAL USE OR UPON EXPIRATION OF THE TEMPORARY USE PERMIT, WHICH IS 6 MONTHS, WHICHEVER OCCURS FIRST.

APPLICANTS SIGNATURE _____ DATE _____

APPLICANTS PRINTED NAME _____

OFFICE USE ONLY

PERMIT NUMBER: _____
HARVEY REMODEL PERMIT: _____
REMODEL PERMIT AT TIME OF APPLICATION <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO: PERMIT MUST BE SECURED WITHIN 90 DAYS. ____/____/____)
ZONING ADMINISTRATOR _____ DATE _____ PLAN REVIEWER _____ DATE _____
FLOOD HAZARD VERIFICATION <input type="checkbox"/> NO HAZARD <input type="checkbox"/> YES - ELEVATION CERTIFICATE REQUIRED