

# CITY OF BAYTOWN COMMERCIAL BUILDING PERMIT APPLICATION

PROJECT NUMBER \_\_\_\_\_

ADDRESS OF PROJECT: \_\_\_\_\_ LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

CURRENT PROPERTY USE: \_\_\_\_\_ PROPOSED PROPERTY USE: \_\_\_\_\_

DESCRIPTION AND NAME OF BUSINESS: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

OWNERS ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTRACTOR'S E-MAIL ADDRESS: \_\_\_\_\_

ARCHITECT/ENGINEER: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

### Type of Permit

<b>New Commercial</b>	<b>Storage Building</b>	<b>Garage</b>	<b>Sq. Ft. _____</b>
<b>*Add or Remodel Commercial</b>	<b>Carport</b>	<b>Urban Repair</b>	
<b>Foundation Repair</b>	<b>Fence</b>	<b>Fire Damage</b>	
<b>Certificate of Occupancy</b>	<b>Driveway</b>	<b>Other</b>	

DESCRIPTION OF IMPROVEMENT: \_\_\_\_\_

COST OF IMPROVEMENT \$ \_\_\_\_\_ (Dollar value of Labor and Materials)

TDLR Texas Accessibility Standards (TAS) Registration Number \_\_\_\_\_ (required if \$50,000 or more.)

SQUARE FOOTAGE OF BUILDING: \_\_\_\_\_ NUMBER OF STORIES: \_\_\_\_\_

NUMBER OF BATHROOMS: \_\_\_\_\_

ADDRESS NUMBERS MUST BE POSTED DURING CONSTRUCTION AND PERMANENTLY AT TIME OF FINAL INSPECTION.

**\*REMODEL / DEMOLITION ONLY** - BY MY SIGNATURE, I HEREBY CERTIFY THAT AN ASBESTOS SURVEY HAS BEEN DONE IN ACCORDANCE WITH THE TEXAS ASBESTOS HEATH PROTECTION RULES (TAHPR) AND THE NATIONAL EMISSION STANDARDS FOR HAZARDOUS AIR POLLUTANTS (NESHAP) FOR THE AREA(S) BEING RENOVATED AND/OR DEMOLISHED. A COPY OF THE ASBESTOS SURVEY IS INCLUDED WITH THIS PERMIT APPLICATION.

THIS CERTIFIES THAT ON THIS DATE I MADE AN APPLICATION FOR A PERMIT WITH THE CITY OF BAYTOWN, I AGREE TO FOLLOW ALL BUILDING CODES AND CITY ORDINANCES AND MEET ALL DEED RESTRICTIONS.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANTS PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

#### OFFICE USE ONLY

ZONING ADMINISTRATOR \_\_\_\_\_ DATE \_\_\_\_\_

PLAN REVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

TYPE OF CONSTRUCTION \_\_\_\_\_ OCCUPANCY TYPE: \_\_\_\_\_

FLOOD HAZARD VERIFICATION  NO HAZARD  YES – ELEVATION CERTIFICATE REQUIRED