

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

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

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