



City of Houston — Houston Public Works

Building and Development Services

1002 Washington Ave., (1st FL), Houston, TX 77002

Email: Residential.Facilities@houstontx.gov / Phone: 832.394.8880

OFFICE USE ONLY	
Project Number	
<input type="checkbox"/> For-Profit	<input type="checkbox"/> Non-Profit

RESIDENTIAL FACILITY ANNUAL INSPECTION APPLICATION

Facility Information

Date	Facility Name	Facility E-mail Address		
Street Address		City	Zip Code	
Harris County Appraisal District (HCAD) Account #	Facility Type			
	<input type="checkbox"/> Boarding Home Facility <input type="checkbox"/> Lodging Facility <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Alternate Facility			
Phone Number	HCAD Legal Description of the tract of land on which the facility is located			

Owner's/Principal's Information

Owner's/Principal's Name	Phone Number		Owner's Status Application	
			<input type="checkbox"/> First-Time <input type="checkbox"/> Renewal	
Street Address (Matches Driver License)	City	State	County	Zip Code
Mailing Address (If Different)	City	State	County	Zip Code
Owner's E-mail Address				

Fee Schedule	Administrative Fee	Annual Inspection Fee
	\$29.18	\$192.00

DECLARATION IN SUPPORT OF APPLICATION FOR CITY OF HOUSTON RESIDENTIAL FACILITY ANNUAL APPLICATION

My name is _____, my date of birth is _____ and my address is _____

(First, Middle, Last Name)

(MM/DD/YYYY)

(Street, City, State, and Zip Code)

(County)

I have personal knowledge of the statements made in the application. None of the statements are misleading or false. I acknowledge that issuance of the license, permit or certificate does not excuse or approve any violation of deed restrictions or city, state or federal laws or regulations. To the extent that this declaration is made on behalf of a corporation or any other legal entity or persons, I certify that I have fully advised them of the contents of the application and this declaration and that I am authorized to execute this declaration .

I declare under penalty of perjury that the foregoing is true and correct. I understand that this application is an official government record. I understand that knowingly making a false entry or omitting required information in one or more of the above fields could result in criminal charges and the denial/revocation of my license.

Executed in _____ County, State of _____, on the ____ day of _____, 20____.

(Month)

(Year)

(Declarant Signature)