

**CITY OF PASADENA  
ANNUAL DUPLEX/TRIPLEX OPERATING LICENSE APPLICATION**

**DATE:** \_\_\_\_\_

**NAME OF PROJECT:** \_\_\_\_\_  
(If Applicable)

**PROJECT ADDRESS:** \_\_\_\_\_

**MANAGER/PERSON  
MAKING APPLICATION:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY & STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**OWNER/OWNERS OF PROJECT:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY & STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**TOTAL NO. OF UNITS IN PROJECT:** \_\_\_\_\_

**PROJECT PERMIT FEE FOR YEAR:** \_\_\_\_\_ \$50.00 (PER UNIT)

**EXAMPLE:      DUPLEX: \$50.00 per unit X 2 = \$100.00  
                     TRIPLEX: \$50.00 per unit X 2 = \$150.00**

**TOTAL AMOUNT DUE: \$** \_\_\_\_\_

**DATE PAID:** \_\_\_\_\_

I acknowledge this project meets the requirements of House Bill #1368 as explained in paragraph #2 in the enclosed letter.

**PLEASE MAIL TO: CITY OF PASADENA  
P.O. BOX 672  
PASADENA, TEXAS 77501**