

**CITY OF PASADENA
ANNUAL APARTMENT OPERATING LICENSE APPLICATION**

DATE: _____

NAME OF PROJECT: _____

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 APARTMENTS: _____ **TOTAL NO. OF SQ. FT. IN APTS:** _____

EFFICIENCY _____ **S/F EA. BEDROOM**
1-BEDROOM _____ **S/F EA. BEDROOM**
2-BEDROOM _____ **S/F EA. BEDROOM**
3-BEDROOM _____ **S/F EA. BEDROOM**
4-BEDROOM _____ **S/F EA. BEDROOM**

TOTAL OF UNITS IN PROJECT: _____

PROJECT PERMIT FEE FOR YEAR _____ : \$250.00 (BASE FEE)

ANNUAL UNIT INSPECTION FEE: TOTAL NO. OF UNITS X 3.25 EA.: \$_____ or minimum of \$25.00

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
PERMIT DEPARTMENT
P.O. BOX 672
PASADENA, TEXAS 77501**