

**OFFICE USE ONLY**

Project Number \_\_\_\_\_

**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

\$29.64

Annual Inspection Fee

\$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)

and \_\_\_\_\_

(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)