



City of Brookshire

Mailing Address P.O Box 160 /
4029 5th St. Brookshire, TX 77423
Office: 281-375-5050 / Fax: 281-375-5045



Contractor Registration

All Completed documents can be E-mail to the following:
permits@brookshiretx.gov

Please Send ALL Contractors Information Back In 1 email

Anyone providing Services in the City of Brookshire will need to be registered with the City of Brookshire to provide services and pull permits.

If you are a general contractor will need to provide the following for registration:

1. Contractor Registration Form
2. Driver's License
3. Copy of their insurance with The City of Brookshire as the certificate holder
4. If you have journeyman, apprentices or contracting out they must also be registered with the city. Will need to fill out contractor registration form and provide all information.
5. Company Letterhead stating if anyone other than registered person will be pulling, paying, picking up, sending emails, or working under your license along with their names and identification. Please make sure Letterhead is dated and signed.

If you are a Mechanical, Electrical or Plumbing Contractor will need to provide the following for registration:

1. Contractor Registration Form
2. Driver's License
3. State License
4. Contractor's License
5. Copy of their insurance with The City of Brookshire as the certificate holder
6. If you have journeyman, apprentices or contracting out they must also be registered with the city. Will need to fill out contractor registration form.
7. Company Letterhead stating if anyone other than registered person will be pulling, paying, picking up, sending emails, or working under your license along with their names and identification. Please make sure Letterhead is dated and signed.



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Bureau Veritas Contact Information

Permit Submittal

The permit documents and fees will be submitted to the city. Submittal documents should be complete to expedite plan review and permit review and permit issuance. Please contact the city for a complete list of permit submittal requirements.

Plan Review

Bureau Veritas will be conducting residential and commercial plan reviews. The applicant will be contacted by Bureau Veritas if revisions are needed. You may contact Bureau Veritas' Plano Plan Review Department for the status of your permit at (469) 241-1934/toll free (800) 906-7199.

Inspection Requests

Please contact Bureau Veritas to request inspection(s). Any of our permit technicians can assist you. Inspections requested by 5:00 pm Monday – Friday will be performed the next business day. Inspection request can also be faxed to the Bureau Veritas office.

Inspection Request Line: (817) 335-8111 Toll Free number: (877) 837-8775

Inspection FAX line: (817) 335-8110 Toll Free number: (877) 837-8859

Inspection requests can be emailed to: inspectionstx@us.bureauveritas.com

Field Inspection

Inspectors assigned to your area can be contacted via cell phone. Please call the Bureau Veritas office at (817) 335-8111/toll free (877) 837-8775 for your inspector's name and number.

We look forward to working with you to ensure that the community is provided with a safe and durable built environment.



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CONTRACTOR REGISTRATION FORM

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APPLICATION TO COMPLETE (PLEASE PRINT LEGIBLE)

Type of Contractor License

- | | |
|--|---|
| <input type="checkbox"/> ELECTRICAL CONTRACTOR | <input type="checkbox"/> MECHANICAL (HVAC) |
| <input type="checkbox"/> MASTER ELECTRICIAN | <input type="checkbox"/> IRRIGATOR (LANDSCAPE) |
| <input type="checkbox"/> JOURNEYMAN ELECTRICIAN | <input type="checkbox"/> BACKFLOW (SPECIAL FORM REQUIRED) |
| <input type="checkbox"/> MASTER SIGN ELECTRICIAN | <input type="checkbox"/> GENERAL CONTRACTOR |
| <input type="checkbox"/> MASTER PLUMBER | <input type="checkbox"/> Fire Contractor |
| <input type="checkbox"/> JOURNEYMAN PLUMBER | <input type="checkbox"/> OTHER _____ |

Company Information

Company Name: _____

Name of Responsible Person: _____

Company Email: _____

Company Mailing Address: _____

City: _____, State: _____, Zip Code: _____

Office Phone: _____ Cell Phone #: _____

Contractor Information

License Holder Name: _____

License #: _____ Expiration Date: _____

License phone # _____

Electrical Contractor #: _____ Expiration Date: _____

***Please attach a copy of the master's License, contractor's license (if applicable), driver's License, and certificate of liability insurance with the City of Brookshire as the Certificate holder. For each person that will be pulling, paying, picking up, sending emails, or working under your license.**

All permits' applications must be completed by the license holder. If the license holder is unable to, then we must have a notarized letter signed by the license holder that is job and date specific allowing a specific person to apply for the permit in their place.

Date: _____

Print Name: _____

Signature of Contractor: _____