



City of Brookshire
4029 5th St. Brookshire Texas 77423
Office: 281-375-5050/Fax: 281-375-5045
permits@brookshiretx.gov



MISCELLANEOUS PERMIT APPLICATION

Owner: _____

Date: _____

Address: _____

Phone: _____

Property Location: _____ Is Building in a Flood plain? Yes/No _____

PROPERTY SURVEY MUST BE ATTACHED

Occupancy Type (circle one) Residential or Commercial

Description of Work _____

*ASBESTOS SURVEY: The Texas Department of Health in accordance with Senate Bill 509 requires municipalities to verify that an asbestos survey has been done on Public and Commercial Building prior to issuing renovation or demolition permits. Asbestos Survey Performed: (check) _____ Yes _____ No

***PLANS OR DRAWINGS MUST BE ATTACHED**

Contractor Name: _____

Valuation of Work: _____

Address: _____

Phone: _____

City/State/Zip Code: _____

Approved by Building Official/Zoning Officer: _____

Notice

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATION OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 1 YEAR AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL, BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT, THE GRANTING OF A PERMIT DOES NOT PRESUE TO GIVE AUTHORITY TO VIOLATE OR CANCEL TH PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATting CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Signature of Contractor or Owner

Date