

www.brookshiretx.gov

MECHANICAL, ELECTRICAL, PLUMBING, **PERMIT APPLICATION**

Type of Permit:

Please check the appropriate box

MECHANICAL ☐

ELECTRICAL ☐

PLUMBING ☐

Please submit the **Permit Application** (attached) with all supporting documentation listed in the **Specific Application Checklist** below. Applications may be submitted in person or electronically (pdf format) by e-mail. For electronic submittals, please include the address of the property and the type of application in the subject line of the e-mail.

Incomplete and partial applications will not be accepted.

Submit application packets to / permits@brookshiretx.gov

Please include the following in the subject line of the e-mail: Address of the project/Commercial or Residential/Type of permit. Example: 1000 Main Street/Commercial/Fence Permit

Contractors Registration will need to be sent in a separate email to permits@brookshiretx.gov

Subject Line: Name of Contractor's business/ Address of the property

SPECIFIC APPLICATION CHECKLIST

Please submit the following items or indicate NA if not applicable

- ☐ Completed Permit Application form (Attached)
- ☐ Application Processing Fees and other application fees
- ☐ Letter of intent explaining the request in detail and reason for the request
- ☐ Signed Letter of Authorization required if the application is signed by someone other than the property owner
- ☐ Location map clearly indicating the site in relation to adjacent streets and other landmarks
- ☐ One (1) copy of proof of ownership (recorded property deed or current year tax statements)
- ☐ Contractor Registration
- ☐ Recent Survey including the flood plain location if applicable
- ☐ Site Plan and drawings (if needed)
- ☐ Copy of approved building permit if applicable (If a copy of approved Building Permit is provided, site plan or survey is not required)

PERMIT APPLICATION

Please fill in all pages of this application and the applicable checklist/s

Building Permit Number (to be filled by city staff): _____

Information to be provided by the applicant:

- **Contractor Registration**
- Completed **Permit Application** (this permit application) ☐ Residential ☐ Commercial
- Completed applicable **Specific Application Checklist** (for the specific permit)
- All items noted in the applicable **Specific Application Checklist**
- Applicable **Application Processing Fees**

Complete all fields. Mark N/A if not applicable

Project Address: _____	
Tax ID#: _____	Valuation: _____
Project/type of work: _____	
Area (Square Feet): Living: _____	Garage: _____ Number of stories: _____
Covered Porch: _____	Total (Square Feet): _____
Is this property in the floodplain? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, complete the Flood Zone Application	
Does this building have a fire sprinkler? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please select the permit type. Please attach additional information for each project type as listed in Specific Application Checklist	
<input type="checkbox"/> New Construction/Remodel/Addition/Moving/Manufactured Buildings	
<input type="checkbox"/> Mechanical/Electrical/Plumbing	<input type="checkbox"/> Solar Panels <input type="checkbox"/> Lawn Irrigation
<input type="checkbox"/> Fence <input type="checkbox"/> Accessory Building	<input type="checkbox"/> Swimming Pool <input type="checkbox"/> Roofing
<input type="checkbox"/> Culvert <input type="checkbox"/> Driveway	<input type="checkbox"/> Sign <input type="checkbox"/> Demolition
<input type="checkbox"/> Flood Zone <input type="checkbox"/> Fire Permit	
<input type="checkbox"/> Other (specify): _____	
Please use a separate application for Certificate of Occupancy	
Note: No building permit will be issued until one copy of the recorded final plat has been provided to the City. (Section 48-182 of the City Code of Ordinances)	
Applicant's Information:	
Name: _____	
Contact Person: _____	
Address: _____	
Phone Number: _____	E-mail: _____
Property Owner's Information: (If the owner is not the applicant)	
Owner Name: _____	
Owner Address: _____	
Owner Phone Number: _____	E-mail: _____
Please complete the following as applicable:	
Engineer Name: _____	E-mail: _____ Phone Number: _____
Architect Name: _____	E-mail: _____ Phone Number: _____
General Contractor Name: _____	E-mail: _____ Phone Number: _____

City of Brookshire
4029 5th Street Brookshire, TX 77423-0160
Office: (281) 375-5050 Fax: (281) 375-5045

Mechanical Contractor Name: _____	E-mail: _____ Phone Number: _____
Plumbing Contractor Name: _____	E-mail: _____ Phone Number: _____
Electrical Contractor Name: _____	E-mail: _____ Phone Number: _____

Please note:

1. Please check the appropriate box for the type of permit being applied for and provide the items as required in the attached applicable Specific Application Checklist.
2. All permits require final inspection.
3. A certificate of occupancy must be issued before any building is occupied.
4. All provisions of law and ordinances governing this type of work will be complied with whether specified or not.
5. The granting of a permit does not give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.
6. All the Construction Plans need to be submitted as one PDF (preferable) and the application and supporting documents need to be included as another combined PDF.
7. Brookshire Katy Drainage District (BKDD) approval – Please contact BKDD to obtain the application form. Building permit will not be issued without the approval from BKDD.
8. Brookshire Municipal Water District (BMWD) approval - Please contact BMWD to obtain the application form. Building permit will not be issued without the approval from BMWD.
9. Texas Department of Transportation (TxDOT) approval (if required) - Please contact TxDOT to obtain the application form. Building permit will not be issued without the approval from TxDOT (if required).
10. Construction Site Guidelines:
 - Please remove all tree cuttings and brush from the site. Fresh wounds must be painted within 1 hour after cutting.
 - Please remove trash and debris daily to prevent it from blowing onto adjoining property.
 - Please confine your working hours to reasonable times to abide by the contractor/subcontractor work hour restrictions.

I hereby certify that I have read and examined this application and know the same to be true and correct.

Signature of Applicant: _____ **Date:** _____

Signature of Owner: _____ **Date:** _____
 (If other than the applicant. Signed letter of authorization is required if the application is signed by someone other than the property owner)

OFFICE USE ONLY:

City of Brookshire Approval	Date Approved: _____
Bureau Veritas Approval Project # _____ Stamp _____	Date Approved: _____

Received Date: _____
 Total Permit Fee: _____
 Plan Review Fee: _____
 Inspection Fee: _____
 Administrative Fee: _____

Receipt #: _____
 Issued Date: _____
 Issued By: _____