

permits@brookshiretx.gov

SIGN PERMIT APPLICATION

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. A sign permit shall expire and become void unless a request for final inspection of the sign is made no later than 90 days after the date the permit is issued.

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
- ☐ Authorization required on the form 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 (examples include property deed or current year tax statement)
- ☐ Contractor Registration
- ☐ Recent Survey
- ☐ Copy of approved building permit if applicable. If a copy of approved Building Permit is provided, site plan or survey is not required)
- ☐ Detailed site plan drawn to scale showing all of the following:
 - ☐ All property lines; all existing building footprint and parking lots; all right-of-way frontages; location of all existing freestanding signs and distance between existing and proposed; location of proposed sign. Sign area, sign height, setbacks, north arrow
 - ☐ Elevation drawing showing actual layout of sign to be installed including the dimensions as to overall, height, frame, copy area, material, color, and proposed location on the premises.
- Specifications for the construction and display of the sign
 - ☐ Drawings including content & dimensions of the sign
 - ☐ Electrical plan if applicable.
 - ☐ Date on which the sign is to be erected or displayed
 - ☐ Any variance that will be requested or copy of the variance approval
- ☐ Does this sign include Electrical work: ☐ YES ☐ NO If yes, separate Electrical Permit Application will be required.

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

permits@brookshiretx.gov

AFFIDAVIT FOR SIGN OWNER

SIGN OPERATOR / OWNER: _____
ADDRESS: _____ ZIP: _____ PHONE: _____
AFTER HOURS EMERGENCY CONTACT PERSON: _____
ADDRESS: _____ ZIP: _____ PHONE: _____

THE GRANTING OF THIS PERMIT DOES NOT CONSTITUTE A DETERMINATION THAT THE PROPOSED CONSTRUCTION WILL OR WILL NOT VIOLATE ANY DEED RESTRICTION OR COVENANT APPLICABLE TO THE PROPERTY UPON WHICH THE CONSTRUCTION TAKES PLACE NOR DOES IT AUTHORIZE ANY SUCH VIOLATION, ADDITIONALLY, I CERTIFY THAT THE CONSTRUCTION/INSTALLATION OF THIS SIGN IS IN COMPLIANCE WITH APPLICABLE REQUIREMENTS OF THE CITY OF BROOKSHIRE CODE OF ORDINANCES.

I, _____ **(PLEASE PRINT)** AS OWNER OR AS AGENT FOR THE OWNER OF THIS PROPERTY CERTIFY THAT I HAVE REVIEWED ALL THE COVENANTS AND RESTRICTIONS APPLICABLE TO THIS LOCATION. I FUTHER CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS OF THIS NOTICE AND THE APPLICABLE CITY ORDINANCES.

SIGNATURE OF SIGN OWNER: _____ **DATE:** _____



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? ☐ No ☐ Yes If yes, complete the Flood Zone Application

Does this building have a fire sprinkler? ☐ Yes ☐ 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"/> Solar Panels	<input type="checkbox"/> Lawn Irrigation
<input type="checkbox"/> Mechanical/Electrical/Plumbing	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Roofing
<input type="checkbox"/> Fence	<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Sign
<input type="checkbox"/> Culvert	<input type="checkbox"/> Driveway	<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: _____
Mechanical Contractor Name: _____	E-mail: _____ Phone Number: _____

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

Received Date: _____

Total Permit Fee: _____

Receipt #: _____

Issued Date: _____

Issued By: _____