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

permits@brookshiretx.gov

## **SOLAR PANELS PERMIT APPLICATION**

Please submit the <u>Permit Application</u> (attached) with all supporting documentation listed in the <u>Specific Application Checklist</u> below. Applications may be submitted in person or electronically (pdf format) by email. 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

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

<u>Contractors Registration</u> will need to be sent in a separate email to <u>permits@brookshiretx.gov</u> <u>Subject Line</u>: 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
Stamped plans
Residential Solar Panels. The following will be required.
Site Plan. For ground mount solar installations, array locations need to be shown.
Roof mount solar installation requires an engineer's letter stating that the existing roof system
condition is capable of handling the additional load.
condition is capable of Handling the additional load.
Commercial Solar Panels. The following will be required.
Electrical plans need to be sealed by an electrical engineer
Engineer's seal will be required for existing roof application of new solar arrays, etc.

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# **PERMIT APPLICATION**

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

Building Permit Number (to be filled	by city staff):
<ul><li>All items noted in the application</li><li>Applicable Application Processing</li></ul>	on (this permit application)  Residential  Commercial  Commercial  Commercial  Commercial  Commercial  Commercial  Commercial  Commercial  Commercial
Compl	ete 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: To	
Is this property in the floodplain?	No Yes If yes, complete the Flood Zone Application
Does this building have a fire sprink	
	e attach additional information for each project type as listed in <b>Specific</b>
Application Checklist	
The second secon	lition/Moving/Manufactured Buildings
Mechanical/Electrical/Plumbing	Solar Panels Lawn Irrigation
100 No. 100 A	y Building Swimming Pool Roofing
Culvert Drivewa	
Flood Zone Fire Peri	
Other (specify):	
Please use a separate application for	or Certificate of Occupancy
r lease use a separate application re	d Certificate of Occupancy
·	A A A A A A A A A A A A A A A A A A A
A ADDITIONAL VIOLATION AND A CONTRACT AND A CONTRAC	ied until one copy of the recorded final plat has been provided to the City.
(Section 48-182 of the City Code of C	Ordinances)
Applicant's Information:	A-AV 11: March 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name:	. The second second
Contact Person:	A O .
Address:	MMA
Phone Number:	E-mail:
Property Owner's Information: (If t	he owner is not the applicant)
Owner Name:	0
Owner Address:	
Owner Phone Number:	E-mail:
Please complete the following as ap	
Engineer	E-mail:
Name:	Phone Number:
Architect	E-mail:
Name:	Phone Number:
General Contractor	E-mail:
Name:	Phone Number:

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

Signature of Applicant

- 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 Applicanti.	July 1
Signature of Owner:	Date:
	Signed letter of authorization is required if the application is signed by someone other than
the property owner)	The second of the second
	10 .
OFFICE USE ONLY:	
City of Brookshire Approval	Date Approved:
Bureau Veritas Approval	O PER SOL
Project #	
Stamp	Date Approved:
Received Date:	
Total Permit Fee:	
Plan Review Fee:	Receipt #:
Inspection Fee:	Issued Date:
Administrative Fee:	Issued By: