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

## SIGN PERMIT APPLICATION

Please submit the <u>Permit Application</u> (attached) with all supporting documentation listed in the <u>Specific Application</u> <u>Checklist</u> 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:**

Jennifer Lopez: jlopez@brookshirecity.org Claudia Harrison: charrision@brookshirecity.org Maria Marx: mmarx@brookshirecity.org

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 the following:

Jennifer Lopez: jlopez@brookshirecity.org Claudia Harrison: charrision@brookshirecity.org Maria Marx: mmarx@brookshirecity.org

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 <u>all of</u> 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
L	Does this sign include Electrical work: YES NO If yes, separate Electrical Permit Application will be
	required

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## **AFFIDAVIT FOR SIGN OWNER**

SIGN OPERATOR / OWNER:	PERATOR / OWNER:		
ADDRESS:	ZIP:	PHONE:	
AFTER HOURS EMERGENCY CONTACT PERSON:			
ADDRESS:	ZIP:	PHONE:	
THE GRANTING OF THIS PERMIT DOES NOT CONSTITUE A DETERMINATION	THAT THE PROPOSED	CONSTRUCTION WILL OR WILL NOT VIOLATE ANY	
DEED RESTRICTION OR COVENANT APPLICABLE TO THE PROPERTY UPON W	HICH THE CONSTRUC	TION TAKES PLACE NOR DOES IT AUTHORIZE ANY	
SUCH VIOLATION, ADDITIONALLY, I CERTIFY THAT THE CONSTRUCTION/INS	TALLATION OF THIS S	IGN IS IN COMPLIANCE WITH APPLICABLE	
REQUIREMENTS OF THE CITY OF BROOKSHIRE CODE OF ORDINANCES.			
I, (PLEASE PRINT) AS OWN	NER OR AS AGENT FO	R THE OWNER OF THIS PROPERTY CERTIFY THAT I	
HAVE REVIEWED ALL THE COVENANTS AND RESTRICTIONS APPLICABLE TO	THIS LOCATION. I FUT	HER CERTIFY THAT I HAVE READ AND	
UNDERSTAND THE ABOVE PROVISIONS OF THIS NOTICE AND THE APPLICAE	BLE CITY ORDINANCES		
SIGNATURE OF SIGN OWNER:		DATE:	



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# **PERMIT APPLICATION**

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

Building Permit Number (to be f	illed by city staff):								
Information to be provided by th	ne applicant:								
• Contractor Registration									
_	ication (this permit application) Residential Commercial								
	pecific Application Checklist (for the specific permit)								
	oplicable Specific Application Checklist								
•	·								
Applicable Application Processing Fees     Complete all fields Mark N/A if not applicable									
Complete all fields. Mark N/A if not applicable  Project Address:									
Tax ID#:	Valuation:								
Project/type of work:	D D								
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 attach additional information for each project type as listed in <b>Specific</b>								
Application Checklist	rease account additional information for each project type as instead in <b>opcome</b>								
	/Addition/Moving/Manufactured Buildings								
Mechanical/Electrical/Plum									
	essory Building Swimming Pool Roofing								
	veway Sign Demolition								
	Permit								
Other (specify):	Terrint								
	on for Certificate of Occupancy								
r rease use a separate application									
/.	A ENGR (D) / 2.								
	e issued until one copy of the recorded final plat has been provided to the City.								
(Section 48-182 of the City Code	e of Ordinances)								
Applicant's Information:									
Name:									
Contact Person:	· · · · · · · · · · · · · · · · · · ·								
Address:	· · COUDY3 : ·								
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	E-mail:								
Name:	Phone Number:								
Architect	E-mail:								
Name:	Phone Number:								
General Contractor	E-mail:								
Name:	Phone Number:								
Mechanical Contractor	E-mail:								
Name:	Phone Number:								

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www.cityofbrookshire.org

Plumbing Contractor Name:	E-mail: 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.
- 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:

Cianatura of Applicants

- 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.	SW//	bate	
Signature of Owner:	. (3)	Date:	
(If other than the applicant. S	igned letter of authorization is required if	the application is signed by s	omeone other than
the property owner)		7 . 7	
OFFICE USE ONLY:	9/	200	
City of Brookshire Approval	······································	Date Approved:	
Bureau Veritas Approval	Count	79.	
Project #	· · · · · · · · · · · · · · · · · · ·	·	
Stamp		Date Approved:	
Total Permit Fee:			
Plan Review Fee:	Receip	ot #:	
Inspection Fee:	Issued	Date:	
Administrative Fee:	Issued	Ву:	