

**City of Brookside Village**  
6243 Brookside Road  
Brookside Village, Texas 77581

Office: 281/485-3048

Fax: 281/485-9551

**Air Conditioning Permit**

Date Issued: \_\_\_\_\_ Permit #: \_\_\_\_\_

Job Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Legal Description Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ Tract #: \_\_\_\_\_

Owner: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Class of Building: New \_\_\_ Addition \_\_\_ Alteration \_\_\_ Repair \_\_\_

Describe Work: \_\_\_\_\_

Tons of A/C: \_\_\_\_\_ Heating BTU: \_\_\_\_\_

This permit becomes null and void if work is not completed within six months or if construction or work is abandoned for a period of six months at any time after the 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 law and ordinances governing this type of work will be complied with whether specified herein or not. The granting of this permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Contractor or Agent: \_\_\_\_\_

No. of Ton of A/C _____	x	\$25.00	_____	Fee
Application for Permit		\$15.00	_____	Fee
Reinspection Fee		\$25.00	_____	Fee

**Total Fees** \_\_\_\_\_

Permit issued by \_\_\_\_\_

Brookside Village requires a Liability Insurance Certificate and copy of state license.  
**For air conditioning inspection call DJ Webb @ 281-485-3048**