



<b>FOR OFFICE USE ONLY</b>	
CASE NO.:	_____
DATE SUBMITTED:	_____
TIME:	_____
STAFF:	_____

## PRIVATE IMPROVEMENT IN PUBLIC ROW PERMIT (PIP) APPLICATION

<b>MINIMUM SUBMITTAL REQUIREMENTS:</b>
<input type="checkbox"/> PIP Application Fee. <b>(Refer to the Planning and Development Fee Schedule for all applicable fees)</b>
<input type="checkbox"/> Application completed in full. This application form provided by the City of College Station must be used and may not be adjusted or altered. Please attach pages if additional information is provided.
<input type="checkbox"/> Notarized indemnity agreements from abutting property owners.
<input type="checkbox"/> Attach one (1) copy of a facility layout plan, which shall include the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> Location, identification, and dimensions of ROW and pavement edge/curb.</li> <li><input type="checkbox"/> Location of all proposed improvements.</li> <li><input type="checkbox"/> Location of all public utilities (existing) - dimensioned from right-of-way or back of curb, material, size.</li> <li><input type="checkbox"/> A signage plan - include dimensions of sign(s), location from back of curb, materials, elevation drawing (if applicable).</li> <li><input type="checkbox"/> Drainage and/or erosion control plan (if applicable).</li> <li><input type="checkbox"/> Proposed waterway alterations with supporting drainage report (if applicable).</li> <li><input type="checkbox"/> Landscape plan showing the location and type of plantings - existing and proposed, both common names and scientific (if applicable).</li> <li><input type="checkbox"/> The cost estimate for relocating any public facilities associated with the work (if applicable).</li> <li><input type="checkbox"/> An electrical plan (if applicable).</li> <li><input type="checkbox"/> Sealed irrigation / plumbing plan (if applicable).</li> <li><input type="checkbox"/> Sealed structural plan showing details with anchoring, attachment, and material description (if applicable).</li> <li><input type="checkbox"/> Private utility plan-dimensioned from right-of-way or back of curb, material, size (if applicable).</li> </ul>

LOCATION OF IMPROVEMENTS:

APPLICANT/PROJECT MANAGER'S INFORMATION (Primary contact for the project):

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

PARTY RESPONSIBLE FOR MAINTENANCE (If party is a group, please provide information for contact person):

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

IDENTIFY THE FOLLOWING:

The total valuation of the work: \$ \_\_\_\_\_

The total valuation of the signage: \$ \_\_\_\_\_

Estimated cost of future relocation/remodel of improvements: \$ \_\_\_\_\_

The total footage of the site: \_\_\_\_\_

The total linear feet of water lines crossing under paved road: \_\_\_\_\_

IDENTIFY THE TYPE OF WORK TO BE PERFORMED:

Awnings Structural Contractor: \_\_\_\_\_

Benches Number of Benches: \_\_\_\_\_

Bike racks Number of Bike Racks: \_\_\_\_\_

Cafe \*Structural Contractor: \_\_\_\_\_

Canopy \*Structural Contractor: \_\_\_\_\_

Demolition Structural Contractor: \_\_\_\_\_

Electrical Master Electrician: \_\_\_\_\_

Facade Structural Contractor: \_\_\_\_\_

Irrigation System State Licensed Irrigator: \_\_\_\_\_

Landscaping \*Landscape Architect/Company: \_\_\_\_\_

Masonry fence \*Structural Contractor: \_\_\_\_\_

Sign(s) \*Sign Contractor: \_\_\_\_\_

Waterway Alterations Design Engineer: \_\_\_\_\_

Wood fence \*Structural Contractor: \_\_\_\_\_

Other (please describe) Identify party to perform this work: \_\_\_\_\_

*\*The starred items may not require that structural contractors, sign contractors, or landscapers perform the work - contact applicable City Departments for determination*

*I hereby verify that the information contained in this application is true and complete, to the best of my knowledge. I understand that the City has the authority to inspect the work to be conducted within the public right-of-way at any time. I also understand that this permit may be revoked at any time at the discretion of the City Officials.*

\_\_\_\_\_  
Signature and title

\_\_\_\_\_  
Date

Conditions of Approval: \_\_\_\_\_

\_\_\_\_\_  
Authorization of City Engineer

\_\_\_\_\_  
Date approved

INDEMNIFICATION

Date: \_\_\_\_\_

Indemnitor: \_\_\_\_\_

Indemnitor's Address: \_\_\_\_\_  
(including county) \_\_\_\_\_

Indemnitee: CITY OF COLLEGE STATION

indemnitee's Address: 1101 Texas Avenue  
(including county) Brazos County  
College Station, Texas 77840

LEGAL DESCRIPTION OF PROPERTY:

[Empty rectangular box for legal description of property]

To the fullest extent permitted by law, I/we the owners of the property described above (Indemnitor), shall indemnify, hold harmless, and defend the Indemnitee, its officers, agents, and employees from and against any and all claims, losses, damages, causes of action, suits and liability of every kind, including all expenses of litigation, court costs, and attorney's fees, for injury to, or death of, any person, for damage to any property, or for any breach of contract, arising out of or in connection with the installation, operation, and maintenance of the facilities authorized by the Private Improvement Permit issued by Indemnitee to \_\_\_\_\_, including, but not limited to, any premise defect or special defect arising out of or in connection with said facilities. This Indemnification shall apply regardless of whether such injuries, death, damages, or breach are caused by the NEGLIGENCE or omission of Indemnitee, the contractor installing said facilities, or any third party.

All provisions of this Indemnification shall be binding upon and inure to the benefit of the undersigned and the City of College Station, Texas, and their respective successors and assigns.

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Printed Name

STATE OF TEXAS            §  
                                      §       ACKNOWLEDGEMENT  
COUTY OF BRAZOS         §

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 2018 by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for  
the State of Texas

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Printed Name

STATE OF TEXAS

§  
§  
§

ACKNOWLEDGEMENT

COUTY OF BRAZOS

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 2018 by

\_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for  
the State of Texas