

<p><b>Commercial Property</b></p> <p><b>Temporary Project</b></p> <p><b>Application Form</b></p> <p>Tax Map ID# ( for office use only)                  _____</p>	<p><b>Business Address:</b> _____ <b>Suite #</b> _____</p> <p style="text-align: center;"><b>The Woodlands, TX</b> _____ <b>(zip code)</b></p> <p><b>Property/Center Name:</b> _____</p> <p><b>Local Business Manager:</b> _____</p> <p><b>Office Phone:</b> _____</p> <p><b>Alternate:</b> _____</p> <p><b>E-mail:</b> _____</p> <p><b>Estimated Start Date:</b> _____</p> <p><b>Contractor:</b> _____</p> <p><b>Contractor's Phone:</b> _____</p> <p><b>Contractor's e-mail:</b> _____</p>
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If you would like this application mailed to a different address. Please enter it below:

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\_\_\_\_\_

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**Instructions**

1. Please complete separate applications for each different improvement and date proposed.
2. Applications must be signed by the real property owner or person authorized by the owner as agent of the owner. Written proof of this authorization may be required.
3. A scaled copy of the property survey noting the location of the proposed improvement(s), also drawn to scale, must be submitted with the application. The overall survey must be no larger than 11" X 17". A separate enlarges area detail of the survey may be needed.
4. Drawings, photographs, color samples, brochures, and specs must be provided as needed.
5. Please visit our web site for the most recent Commercial Planning Design Standards at <http://www.thewoodlandstowship-tx.gov>. Submission **does not** guarantee posting on the upcoming agenda.

For Office Use	PROJECT INFORMATION
	<p><b>Project Is</b> (please circle): New - Existing - Replacement</p> <p><b>Project Description</b> _____</p> <p>_____</p> <p><b>Total Area</b> _____ <b>Length</b> _____ <b>Width</b> _____</p> <p><b>Material</b> _____ <b>Color</b> _____</p> <p><b>Project Purpose:</b> _____</p> <p><b>Number of Temporary Structures Existing:</b> _____</p> <p><b>Describe Existing Temporary Structures:</b> _____</p> <p><b>Describe Plans for Permanent Solution:</b></p> <p>_____</p> <p>_____</p> <p><b>Dates Requested:</b> From _____ To _____</p> <p style="padding-left: 40px;">If Existing or a Replacement, when was the original installed: _____</p> <p><b>Note:</b> location map plus colored rendering with all colors, materials, sizes and specs must be attached.</p>

**OWNER CERTIFICATION AND HOLD HARMLESS AGREEMENTS**

1. The information set out above and included with this Application is accurate and complete.
2. The improvements will be completed in accordance with the approved application.
3. The improvements will not affect existing surface water flows at the lot boundaries.
4. Agents or employees of The Woodlands Township have my permission to enter the property during normal business hours.
5. Construction/Installation of the project specified in this application, may not begin until the action by the Plan Review Committee is granted and a permit has been issued by The Woodlands Township's Covenant Administration Department.

Owner understands that The Woodlands Township does not review plans for compliance with applicable laws or codes, and that it is the duty of the owner and the owner's contractors or consultants to design and construct the proposed improvements according to applicable laws, codes and sound practices. Owner hereby releases and agrees to hold The Woodlands Township, The Development Standards Committee, and their agents and employees harmless from any cost or liability arising out of the review or approval of plans for the proposed improvements.

I certify that I am the owner or authorized to sign this form with the authority of, and as agent for, the owner.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Affiliation/Title

(For Office Use Only)

*Staff Approval Verification*

Date \_\_\_\_\_ Int. \_\_\_\_\_ Int. \_\_\_\_\_

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Committee Action \_\_\_\_\_

(date)

\_\_\_\_ Approved                      \_\_\_\_\_ Deferred  
\_\_\_\_ Disapproved                  \_\_\_\_\_ Returned  
\_\_\_\_ Conditionally Approved with following conditions:

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Supplemental Committee Action \_\_\_\_\_

(date)

\_\_\_\_ Approved                      \_\_\_\_\_ Deferred  
\_\_\_\_ Disapproved                  \_\_\_\_\_ Returned  
\_\_\_\_ Conditionally Approved with following conditions:

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