



CITY OF FULSHEAR

BUILDER SERVICES

PO Box 279 / 29255 FM 1093 #12C

Fulshear, Texas 77441

Phone: 281.346.8860 ~ Fax: 281.346.8237

www.fulsheartexas.gov

Certificate of Occupancy Application

Property Address: _____

- New Business
- Name Change
- Ownership Change

Date Received: _____

Fire Marshal Inspection: _____

Building Inspection: _____

Health Inspection: _____

Liquor License: _____

No. of Employees _____

No. of Parking Spaces _____

Square Footage _____

Construction to be done: Yes No

Type of Construction: _____

Sprinkled Building: Yes No

Hazardous Materials: List All _____

Business Information:

Name of Business: _____

Type of Business: _____

Business Owner: _____

Business Address: _____

Phone Number: _____ Email for Business: _____

Building Owner Information:

Name: _____ Phone Number: _____

Email Address: _____

Address: _____

I understand that the building cannot be occupied without the proper inspections and a final Certificate of Occupancy being issued by the Building Official. I have also received a copy of the City of Fulshear Sign Ordinance and I will follow the sign regulations as outlined by the City of Fulshear Sign Ordinance.

Business Owner Signature: _____

Date: _____

****Please attach a proposed floor plan for the business with this application****