



CITY OF FULSHEAR

BUILDING SERVICES

PO Box 279 / 29255 FM 1093 #12C
Fulshear, Texas 77441
Phone: 281-346-8860 ~ Fax: 281-346-8237
www.fulsheartexas.gov

Permits and Inspections

Contractor's Registration Form

*Registration Valid for One (1) Calendar Year (Jan. 1 – Dec. 31) – Must be Renewed Annually

TYPE OF CONTRACTOR (PLEASE SELECT ONE)

General: _____ Mechanical: _____ Plumbing: _____ Electrical: _____ Irrigation: _____ Sign: _____

Pool: _____ Other: _____

PLEASE PROVIDE THE FOLLOWING (If Applicable)

*Valid Texas Driver's License

*Copy of State License

*Copy of Contractor Registration

*Certificate of General Liability Insurance showing: City of Fulshear, P.O. Box 279, Fulshear, TX 77441

*as certificate holder, minimum insurance must be at least \$100,000.00 with the City of Fulshear as additionally insured.

* \$200.00 – Payable to City of Fulshear (exception: plumbers and electricians)

Office Use Only: License# _____

Please print or type:

Licensed Individual: _____	TDL#: _____
Type of License: _____	Phone#: _____
License No. (If applicable): _____	Email: _____
Expiration Date: _____	
Business Information:	
Company Name: _____	Office Phone #: _____
Owner Name: _____	Phone#: _____
Mailing Address: _____	Email: _____
City, State, Zip: _____	Driver's License #: _____
LIST ALL PERSONS EMPLOYED WITH YOUR COMPANY, AUTHORIZED TO PURCHASE PERMITS UNDER YOUR REGISTRATION, AND CALL FOR INSPECTIONS:	
1. _____	TDL#: _____
2. _____	TDL#: _____
3. _____	TDL#: _____
4. _____	TDL#: _____

Contractor's Printed Name

Contractor's Signature

Date

**Change of company licensed individual need to be updated with the City of Fulshear. Written notice along with required documents needs to be sent to inspections@fulsheartexas.gov within 10 days of change or contractor will be in violation of city code.