



CITY OF FULSHEAR

PO Box 279 / 29255 FM 1093 #12C

Fulshear, Texas 77441

Phone: 281-346-8860 ~ Fax: 281-346-8237

www.fulsheartexas.gov

APPLICATION FLOOD DAMAGE PERMIT

Date of Application: _____

Intended use of the building: _____ (Residential, Commercial, Accessory Use)

Legal Property Owner: _____

Owners Address: _____

Owners Phone Number: _____ Email Address: _____

Contractor: _____ Field Representative: _____

Phone Number: _____ Email Address: _____

If a contractor has been hired, the City of Fulshear will require the contractor to register and provide a copy of the contractors bid/proposal, insurance, and license along with this application. A separate contractor registration form is located on the city website at www.fulsheartexas.gov.

Square Footage: _____ Total Cost of Construction: _____

Construction Information: Please detail the repairs to be made to each structure separately.

This permit application is for repair of a structure where the repair is less than 51% of the total valuation of the structure as listed by Fort Bend County Appraisal District.

I HEREBY ACCEPT ALL THE ABOVE CONDITIONS AND CERTIFY THAT ALL STATEMENTS HEREIN RECORDED BY ME ARE TRUE.

Original Signature of Contractor

Print Name

Date