



CITY OF FULSHEAR

BUILDING SERVICES

PO Box 279 / 29378 McKinnon Rd. Suite C
Fulshear, Texas 77441
Phone: 281-346-8860 ~ Fax: 281-346-8237
www.fulsheartexas.gov

HVAC Permit Application

Date of application: _____

Type of construction: New Install ____ Replace ____ Alteration ____ Occupancy Use: Residential ____ Commercial ____

Permit Fee Residential - \$95.00 Commercial - \$300.00

Project Address: _____

Lot: _____ Block: _____ Subdivision: _____ County: _____

Property Owner: _____

Owner's Address/City/State/ZIP: _____

Owner's Phone Number: _____

Contractor's Name: _____

Address/City/State/ZIP _____

The following information must be completed upon application:

Brand of Unit(s): _____ ****Value of Work: _____

Ton of Unit(s): _____

Cooling Capacity: Electric/Gas BTUs: _____

Heating Capacity: Electric/Gas BTUs: _____

- Work must be started within 90 days of permit issuance date or such permit will be null and void
- This application must be accompanied by the required documents required by City Ordinance prior to starting construction
- Work without a permit posted could result in additional fees; for work performed without a permit, contractor will be assessed a \$350.00 fine plus the cost of the permit
- Re-Inspection fees must be paid prior to re-inspection at a cost of \$60.00
- This application is non-transferable and expires in 90 days

I HEREBY ACCEPT ALL CONDITIONS SET ABOVE AND CERTIFY THAT ALL STATEMENTS MADE HEREIN ARE TRUE.

Applicant Original Signature _____ Printed Name _____

Approved By: _____ Date: _____