



CITY OF FULSHEAR **DEVELOPMENT SERVICES**

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

TEMPORARY CONSTRUCTION TRAILER PLAN SUBMITTAL CHECKLIST Residential or Commercial

PROVIDE (2) HARD COMPLETE COPIES & 1 DIGITAL COPY

Digital copy may be on a thumb drive or emailed to plans@fulsheartexas.gov

- 1) Provide a site/plot plan of the lot being used and the location of the trailer on the lot, including setbacks for the front and both sides. Setbacks shall comply with the standard setbacks for the lot.
- 2) Provide the street address, lot and block, name of platted subdivision.
- 3) If more than one Construction Trailer on a lot identify each by A, B, etc. (example 23530-A Justin Ln.)
- 4) Each trailer shall submit an Engineered anchoring design, signed & sealed to withstand 130 MPH windspeed. Complete drawings for each. Any ancillary structures shall be Engineered for 130 MPH as well, porches, covers, decks, stairs and **entrance ramps showing compliance to ICC A117.1-2009.**
- 5) Provide a floor plan of the trailer(s). Show location of restroom, electrical panel and HVAC units.
- 6) On site / plot plan show location of underground or overhead electrical including wire type and size with conduit size if applicable, water line from meter to trailer, sewer from trailer to sewer tap. Show the location of the main electrical disconnect and the size of the Main.
- 7) Provide concrete parking/sidewalk details of construction and thickness. ALL SAID CONCRETE SHALL BE REMOVED WHEN TRAILER IS REMOVED.
- 8) Water shall be provided by fountain or bottled water.

Fees:

Permit = \$300.00

Permit for trades = \$95.00 /each

Sales Trailers are similar but shall include Accessible route, entrance and restroom.



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Commercial Building Permit Application

Date of Application: _____ Application #: _____ - _____

Project Address: _____

Project Name: _____ Approved Plat: Yes No Zoning District: _____

Flood Zone: _____ Subdivision: _____ Section: _____ Lot: _____ Block: _____

Property Owner: _____ Address: _____ City: _____

State/Zip: _____ Phone: () - - Fax: () - -

Occupancy Type: Commercial **Circle Appropriate Group** A-(), B, E, F-(), H-(), I-(), M, R-(), S-(), U
 Industrial 1-5 1-2 1-5 1-4 1,2 & 4 1-2

Class of Work: New Remodel Demolition Build-out **Square footage of Improvements:** _____

Renovation/Demolition As required for Public or Commercial buildings by Senate Bill 509 (Effective January 1, 2002)

Was an asbestos survey performed in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) ? Yes No* Date of Survey: ____/____/____ TDH Inspector License No. _____ Copy Attached Yes No

* If the answer is No, then as the owner/operator of the renovation/demolition site, I understand that it is my responsibility to have this asbestos survey conducted in accordance with Texas Asbestos Health Protection Rules) TAHPR) and National Emission Standards for Hazardous Air Pollutants (NESHAP) prior to a renovation/demolition permit being issued by the City of Fulshear. **Signed:** _____

Description of Work: _____

_____ **Valuation of the Project \$** _____

Texas Architectural Barriers Project Registration Number: (EAB#) _____

Applicant (Company Name): _____ Contact Person: _____

Address: _____ City _____ State/Zip: _____

Phone #: _____ - _____ - _____ Email: _____

Contractor (Company Name): _____ Contact Person: _____

Address: _____ City _____ State/Zip: _____

Phone #: _____ - _____ - _____ Email: _____

Signature of Applicant: _____ **Date:** _____

OFFICIAL USE ONLY

Date: _____ Time/Date Stamp: _____ Fees: _____