



FEES DOUBLE IF WORK IS PERFORMED WITHOUT PERMIT BEING ISSUED

City of Fulshear

PH: 281-346-1796 FAX: 281-346-2556 -- P.O. Box 279/30603 FM 1093 Fulshear, TX 77441

APPLICATION FOR A BUILDING PERMIT

Date of Application: _____ Occupancy Use: **Residential** _____ **Commercial** _____

City Registration Number: _____

Application for the Construction of: _____

New Construction: _____ **Remodel:** _____ **Intended Use of Building:** _____

Street Address of Site: _____

Legal Property Owner: _____

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

Owner's Phone Number: _____

Contractor's Name: _____

Address/City/State/Zip: _____

Phone Number: _____

Mark Where Applicable: Building: _____ Driveway: _____ Parking Lot: _____ Other: _____

Type of Foundation: Slab: _____ Pier: _____ Beam: _____ Block: _____ SQ. Feet: _____

Concrete: Driveways: _____ Sidewalks: _____ Walkways: _____ Parking Lots: _____ Sq. Feet: _____

Type of Roof: _____

Plumbing: Yes: _____ No: _____ **City Water:** Yes: _____ No: _____ **City Sewer:** Yes: _____ No: _____

Electrical: Yes: _____ No: _____ **H.V.A.C. :** Yes: _____ No: _____

Number of Occupants during Normal Hours: _____ During Peek Hours: _____

TOTAL CONSTRUCTION COST: \$ _____

(Includes cost of foundation, plumbing, electrical, driveway/culverts, parking lots, painting, A/C and heating insulations)

NOTE: USE FAIR MARKET VALUE IF GREATER THAN CONSTRUCTION COSTS. Attach proof of construction cost.

Building Permit Fee.....\$ _____

Inspections.....\$ _____

Total.....\$ _____

- Where city water supply and sewage disposal are available, arrangements must be scheduled before final inspections are made and electrical service order is released to Reliant Energy.
- This application must be accompanied by the required documents listed on the attached Schedule A.
- This application is non-transferable and expires in 180 days.

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

Original Signature of Contractor

Print Name

Date