Incorporated 1977

City of Fulshear

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

HVAC Permit Application

New Install: _____ Replace:_____ Alteration: _____

Date of Application: _____

Occupancy Use: Residential ____ Commercial _____

Description of Project: Attic: _____ Closet: _____ Garage:_____ Roof: _____ Outside: _____

Project Address: _____

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

Legal Property Owner: _____

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

Owner's Phone Number: _____

Contractor's Name: _____

Address/City/State/Zip: _____

Phone Number: _____

The Following Must be Completed Upon Application:

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

Ton of Unit(s): _____

Cooling Capacity: Electric/Gas BTU's: _____

Heating Capacity: Electric/Gas BTU's: _____

Schedule of Fees: **(Permit Fee is based on Above Value of Work)

Permit Fee	$35.00	
Application Fee	$20.00	
First $1,000 Value of Work	$10.00	
Inspection Fee	$60.00	
Reinspection Fee	$60.00	Each Additional
$1,000 or Fraction	$3.00	
Total Permit Fee	**$ _____.___**	

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

_____

State License holder's Signature Printed Name State Lic. # Date

Approved By: _____ Date: _____