



Certificate of Occupancy (C of O) Application

What is a C of O? A document that certifies your building/structure/land is safe to occupy in accordance with local zoning regulations and building codes. All buildings/structures/land in the City of Fulshear that are not single-family homes, require a C of O to legally use them. One is needed every time a change occurs (e.g., new construction, changes to use, change of ownership, change in business name, and occupancy load).

A. Tell us about the property.

Property Address: _____ Unit: _____ Fulshear, TX ZIP: _____

Total Number of Floors: _____

Is there a prior C of O for the property? _____ NO _____ YES, C of O #: _____

Tax Identification #: _____ (Please provide a copy of the Tax Certificate)

B. Who owns the property?

Property Owner Name: _____

Property Owner Email: _____ Property Owner Phone: _____

Property Owner Address: _____ City: _____ State: _____ ZIP: _____

C. Who is applying for occupancy?

Same
as property
owner

Applicant Name (Individual/Business): _____

Trade Name of Business (if applicable): _____

Applicant Email: _____ Applicant Phone: _____

Applicant Address: _____ City: _____ State: _____ ZIP: _____

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

D. What type C of O are you requesting?

_____ Permanent ----- Does not expire *until* a change to the space is made
_____ Temporary ----- Non-permanent use for one or multi-day events (*e.g., farmers' market; movie night*)
Date/date range requested -----
_____ Core and Shell Building ----- Does not grant occupancy; must be obtained before seeking conditional C of O
_____ Conditional/Partial for _____ days ----- Short term occupancy based on specific conditions
My Core and Shell C of O # for this property is: _____

E. Tell us about your proposed use of the property.

Proposed use (e.g., retail, eating establishment, public facility): _____

_____ Which floor(s) will be occupied? _____

Proposed # of occupants: _____ # of dwelling units or rooms (*if applicable*): _____ Sq. Ft. occupied: _____

Are you renting any portion of the property? _____ NO _____ YES, rented _____ Not a two-family dwelling

Are you proposing to change the use? _____ NO _____ YES _____ N/A, there is no prior C of O

Are you changing ownership? _____ NO _____ YES _____ N/A, there is no prior C of O

Are you proposing to change the amount of space currently occupied? _____ NO _____ YES _____ N/A, there is no prior C of O

Are you proposing to change the occupancy load? _____ NO _____ YES _____ N/A, there is no prior C of O

Does your business sell or rent any goods or provide services that could be described as sexually oriented? _____ NO _____ YES (*if YES, must be located in the proper zone*)

Is your business related to or derived from the sale of hemp/cannabinoid oils? _____ NO _____ YES (*if YES, must be located in the proper zone*)

Is off street parking on the property provided? _____ NO _____ YES, # of spaces: _____

Are there building permits associated with this application? _____ NO _____ YES, Permit #(s): _____

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F. If applicable, tell us about your proposed occupancy load.

ONLY for Day Care/Schools

Please provide additional information on how individuals will occupy the property

of children 0-30 months: _____

of children 30 months 1 day—47 months: _____

of children 4 years—18 years: _____

ONLY for Assembly Uses and Eating/Drinking Establishments

Please provide information on how individuals will occupy the property

of guests seated:

_____ 1st floor _____ 2nd floor _____ 3rd floor _____ Roof _____ Private outdoor space _____ Public outdoor space

of guests standing:

_____ 1st floor _____ 2nd floor _____ 3rd floor _____ Roof _____ Private outdoor space _____ Public outdoor space

of Staff:

_____ 1st floor _____ 2nd floor _____ 3rd floor _____ Roof _____ Private outdoor space _____ Public outdoor space

G. Certification

Making a false statement on this application can result in the denial or cancellation of my C of O. I certify that all statements on this application are true to the best of my knowledge. I agree to comply with all applicable laws, codes, and ordinances of the City of Fulshear and certify that I have resolved any violations on the property. I understand that the building/space cannot be occupied without the proper inspections and a final C of O being issued by the Building Official. I have been notified of the City of Fulshear Sign Ordinance and I will follow the sign regulations as outlined by the City of Fulshear Sign Ordinance.

Applicant/Agent signature: _____ **Date:** _____

If you are applying as a hired agent on behalf of the applicant, please provide your agent information and the [Authorization Form](#).

Hired Agent First Name: _____ **Hired Agent Last Name:** _____

Hired Agent Email: _____ **Hired Agent Phone:** _____

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H. Gather the following supporting documents. Bring these with you when you submit your application

- Lease, deed, letter of written permission to use the property.
- Building Permit *(if applicable)*
- Most recent C of O on record *(if applicable)*
- Authorization Form *(if a hired agent is completing this form on behalf of the applicant)*

I. Submit your application for review.

Visit the City of Fulshear Development Services Permit Department.

Bring this completed application and supporting documents to the Permit Department. Staff will record approvals or denials on the following page. Please allow up to 10 business days for verification and processing.

Hours of operations: Monday, Tuesday, Wednesday, and Thursday: 7:00AM---4:00PM / Friday: 7:00AM---3:00PM

Pay for and pick-up your certificate.

After receiving all approvals, pay application and inspection fees and pick up your C of O at the Permit Department.

OFFICE USE ONLY

C of O #: _____

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CITY OF FULSHEAR USE ONLY

Application Date: _____ Application Received and Accepted by: _____

Certificate of Occupancy #: _____ Tax Identification #: _____

ZONING REVIEW

Approved by (signature) _____ Date: _____

Zone: _____ Zoning Code Use: _____

Continuation of prior use? _____ NO _____ YES, C of O # _____ & use: _____

Use Allowed? _____ NO _____ YES

Off-street parking available? _____ NO _____ YES, # of spaces required _____

ZBA or P&Z permission required? _____ NO _____ YES, has permission been granted? _____ NO _____ YES

Additional comments: _____

ENGINEERING REVIEW

Approved by (signature) _____ Date: _____

Maximum # of occupants: _____ Building Construction Type: _____

Prior Building Permit applicable? _____ NO _____ YES, permit # _____

New Building Permit required? _____ NO _____ YES

Sprinkler system required? _____ NO _____ YES, type: _____

Construction inspections completed? _____ Building _____ Electrical _____ Plumbing _____ Mechanical

_____ Fire Department _____ Health Department (if applicable)

INSPECTIONS REVIEW

Approved by (signature) _____ Date: _____

Zoning Inspection Approved? _____ YES _____ NO _____ N/A

All construction code inspections completed? _____ YES _____ NO _____ N/A

Inspections Verified? _____ YES _____ NO _____ N/A

Additional Comments: _____

C OF O APPROVED? _____ YES _____ NO Date: _____