



# 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).

**FEE: \$60.00 May be Assessed**

## A. Tell us about the property.

Business Name: \_\_\_\_\_

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?

<input type="checkbox"/>	Same as property owner
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Applicant Name (Individual/Business): \_\_\_\_\_

*\*Not Contractor*

Trade Name of Business (if applicable): \_\_\_\_\_

Applicant Email: \_\_\_\_\_ Applicant Phone: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**City of Fulshear**  
**6611 West Cross Creek Bend Lane**  
**Fulshear, Texas 77441**  
**Phone: 281-346-8860 ~ Fax: 281-346-2556**  
[www.fulsheartexas.gov](http://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:**

\_\_\_\_\_ 1<sup>st</sup> floor \_\_\_\_\_ 2<sup>nd</sup> floor \_\_\_\_\_ 3<sup>rd</sup> floor \_\_\_\_\_ Roof \_\_\_\_\_ Private outdoor space \_\_\_\_\_ Public outdoor space

**# of guests standing:**

\_\_\_\_\_ 1<sup>st</sup> floor \_\_\_\_\_ 2<sup>nd</sup> floor \_\_\_\_\_ 3<sup>rd</sup> floor \_\_\_\_\_ Roof \_\_\_\_\_ Private outdoor space \_\_\_\_\_ Public outdoor space

**# of Staff:**

\_\_\_\_\_ 1<sup>st</sup> floor \_\_\_\_\_ 2<sup>nd</sup> floor \_\_\_\_\_ 3<sup>rd</sup> 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: 8:00AM---5:00PM / Friday: 8:00AM---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: \_\_\_\_\_