



CITY OF FULSHEAR

PO Box 279 /6611 W. Cross Creek Bend Ln
Fulshear, Texas 77441
Phone: 281-346-8860 ~ Fax: 281-346-2556
www.fulsheartexas.gov

Right of Way Use Permit Application

Fee: No Fee

Permit #: _____

Type of Submittal: *(Please select all that may apply)*

____ Utilities in ROW (governed by Public Utilities Commission and /or Franchise Agreement)

____ Other Construction in ROW: *(Please specify)* _____

Date of Submittal: _____ Valuation of Work: _____

Location/Address of Job: _____

Project Name: _____

Design Professional: _____

Contact #: _____ License #: _____

Contractor: _____ Contact #: _____

Contractor Address: _____

List name of person/agency that will maintain items in Right of Way:

_____ Contact No: _____

Contractor must provide a Certificate of General Liability Insurance showing the City of Fulshear, PO Box 279, Fulshear, Texas 77441 as a certificate holder. Minimum insurance must be at least \$1,000,000.00 with the City of Fulshear as additionally insured.

Contractor/Owner initial here: _____

This is to certify that I, the Contractor/Owner, being issued this permit for construction, will comply with all requirements of the Fulshear Code and Infrastructure Standards. I, the Contractor understand that the City of Fulshear shall not be responsible for the maintenance of any items that are installed in the Right of Way.

Signature of Contractor/Owner

It is the responsibility of the Contractor to ensure that the job has all applicable required inspections.

Inspection Line: 281-346-8850

48 HOUR NOTICE IS REQUIRED