



**Certificate of Occupancy**  
**Office of Zoning Administration**  
**CITY OF SHREVEPORT, LA**

**DATE OF ISSUANCE:** September 11, 2024

**CERTIFICATE NO:** 24-22-ZPC

*THIS CERTIFICATE IS ISSUED IN COMPLIANCE WITH THE PROVISIONS OF ALL ORDINANCES OF THE CITY OF SHREVEPORT PERTINENT THERETO:*

**NAME OF BUSINESS:** FULTZ PHYSICAL THERAPY & JOINT REHAB. LLC  
**ADDRESS:** 808 STEWART DR STE A  
**PHONE:** (318)-606-5262  
**TYPE OF BUSINESS:** OFFICE/PHYSICAL THERAPY  
*(NOTE: MUST BE A USE LISTED IN THE ZONING ORDINANCE)*

**PROPERTY ZONED:** C-1

**CASE NO, IF APPLICABLE:** N/A

**REMARKS:**  
NOT A SEXUALLY ORIENTED BUSINESS

**EXPIRES, IF APPLICABLE:**

**OTHER COMMENTS:**

**OWNER OF BUSINESS:** CHRIS FULTZ

**REGINALD P. JORDAN**

ISSUING OFFICIAL (TYPED)

SIGNATURE OF ISSUING OFFICIAL

*THIS CERTIFICATE IS NOT AN OCCUPATIONAL LICENSE (PLACE IN A CONSPICUOUS PLACE)*

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**CITY OF SHREVEPORT, LA**  
**(KEEP FOR FUTURE REFERENCE)**

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**IF YOUR BUSINESS CLOSED DURING THE YEAR PLEASE NOTIFY: CITY OF SHREVEPORT, REVENUE DIVISION, P.O. BOX 30002, SHREVEPORT, LA 71130**

**A NEW CERTIFICATE OF OCCUPANCY MUST BE OBTAINED FROM THE ZONING OFFICE; AND IF A "LIQUOR LICENSE" WAS ISSUED, PLEASE NOTIFY THE SHREVEPORT POLICE DEPARTMENT, ABO OFFICE, IF ANY OF THE FOLLOWING OCCUR:**

1. CHANGE THE NAME OF THE BUSINESS
2. CHANGE OWNERSHIP
3. MOVE OR OPEN A NEW LOCATION
4. EXPAND SERVICES OR FACILITIES AT THE PRESENT LOCATION