

CERTIFICATE OF OCCUPANCY APPLICATION



As Builts are required in PDF format for approval of Certificate of Occupancy

Certificate of Occupancy application must be applied for prior to occupancy of the building and all inspections must be completed within 60 days. If preparations for occupancy require 2 or more trades then a building permit will be required and the Certificate of Occupancy application is void, property can't be occupied prior to issuance of Certificate of Occupancy. THE CERTIFICATE OF OCCUPANCY SHALL BE PROMINENTLY POSTED AT THE POINT OF ENTRY.

Permit # _____ Date Applied: _____

ALL INSPECTIONS WILL BE MADE BETWEEN THE HOURS OF 9:00AM & 4:00PM THE FOLLOWING BUSINESS DAY AFTER REQUEST. BUILDING MUST BE ACCESSIBLE FOR INSPECTIONS AT THIS TIME AND THE APPLICANT AND/OR REPRESENTATIVE MUST BE PRESENT.

PLEASE PRINT CLEARLY-COMplete ALL REQUESTED INFORMATION/NO REFUNDS

NEW BUSINESS NAME: _____ ADDRESS: _____

PROPERTY OWNER: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

PREVIOUS USE: _____

PROPOSED USE (BE SPECIFIC): _____

EXISTING COMPANY: _____ YES _____ NO NEW START UP COMPANY: _____ YES _____ NO RELOCATING: _____ YES _____ NO

TOTAL OCCUPIED SQ FOOTAGE: _____ FIRE ALARM: _____ YES _____ NO SPRINKLERED: _____ YES _____ NO

NUMBER OF EXISTING PARKING SPACES: _____ NUMBER OF REQUIRED PARKING SPACES: _____

TYPE OF PERMIT REQUIRED: CLEAN & SHOW: _____ CHANGE OF TENANT: _____ CHANGE OF OWNERSHIP: _____

CHANGE OF NAME: _____ OCCUPANCY OF A BUILDING: _____ TEMPORARY OCCUPANCY: _____

COURTESY INSPECTION: _____ PROJECTED DATE TO OPEN BUSINESS: _____

**DOES YOUR OCCUPANCY INVOLVE ANY OF THE FOLLOWING?
PLEASE MARK THE APPROPRIATE USE:**

Please provide copy of your Texas State Business License. License number: _____ Expiration Date: _____

___ ALCOHOLIC BEVERAGES ___ COIN OPERATED GAMES, 8 LINER, ETC. HOW MANY? _____

___ ADULT OR CHILD CARE (5 OR MORE) ___ COMPRESSED GASES (LPG ETC.)

___ EXPLOSIVES/AMMUNITION/FIREWORKS ___ SEMI-CONDUCTOR

___ WELDING OR OPEN FLAME ___ RECLAIMING WASTE MATERIALS

___ WOODWORKING/DUST PRODUCING EQUIPMENT ___ SPRAY PAINTING

___ FOOD AND/OR BEVERAGE PROCESSING, STORAGE OR SALES ___ 12 FT. IN HEIGHT (INSIDE BUILDING) _____

___ GARAGE VEHICLE SERVICE/VEHICLE REPAIR ___ NUMBER OF SQ FT STORAGE OVER 15 FT TALL(INSIDE BLDG) _____

EXISTING GREASE TRAP? ___ YES ___ NO EXISTING SIZE OF GREASE TRAP: _____ SIZE REQUIRED: _____

DO YOU NEED NEW SIGNAGE ___ Y ___ N SIGN APPLICATION COMPLETED AND/OR APPROVED?: ___ YES ___ NO

PROMOTIONAL SIGNAGE HANDOUT RECEIVED ___ YES ___ NO

HAVE ALL BUILDING REMODEL OR MODIFICATIONS BEEN COMPLETED?: ___ YES ___ NO

DO YOU NEED A UTILITY INSPECTION? ___ Y ___ N ELECTRICAL PROVIDER: _____

HAZARDOUS MATERIALS: ARE FLAMMABLE, COMBUSTIBLE OR OTHER HAZARDOUS MATERIALS TO BE STORED OR USED IN PROCESSING AT THIS FACILITY? YES _____ NO _____ . IF YES, SUPPLY CHEMICAL LIST BY NAME AND QUANTITIES (MSDS).

APPROVALS WILL BE REQUIRED BY THE FOLLOWING DEPARTMENTS

FIRE MARSHAL: _____ DATE OF APPROVAL/INSPECTION: _____ PASS FAIL

PLANNING: _____ DATE OF APPROVAL: _____

ENGINEERING: _____ DATE OF APPROVAL: _____

BUILDING: _____ DATE OF APPROVAL/ INSPECTION: _____ PASS FAIL

HEALTH: _____ DATE OF APPROVAL/INSPECTION: _____ PASS FAIL

AS BUILTS SUBMITTED IN PDF FORMAT? YES NO

PLEASE CONTACT THE FIRE MARSHALL'S OFFICE AT 972-442-8110 TO SCHEDULE YOUR FIRE INSPECTION. AFTER YOU PASS YOUR FIRE INSPECTION YOU NEED TO CONTACT THE BUILDING INSPECTIONS DEPARTMENT AT 972-516-6420 TO SCHEDULE YOUR BUILDING INSPECTION.

THE GRANTING OF A CERTIFICATE OF OCCUPANCY DOES NOT CONSTITUTE A DETERMINATION THAT THE PROPOSED OCCUPANCY WILL OR WILL NOT VIOLATE ANY DEED RESTRICTIONS OR COVENANTS APPLICABLE TO THE PROPERTY UPON WHICH THE OCCUPANCY TAKES PLACE, NOR DOES IT AUTHORIZE ANY SUCH VIOLATION. I, _____ (PRINT NAME), AS OWNER OR AS AGENT FOR THE OWNER, HEREBY CERTIFY THAT I HAVE REVIEWED ALL THE COVENANTS AND RESTRICTIONS APPLICABLE TO THE ABOVE PROPERTY. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS OF THIS NOTICE.

Signature of Owner/Authorized Agent: _____ TX DL #: _____

Print Name of Owner/Authorized Agent: _____ Title: _____

Person to Contact: _____ Phone: _____
(Please Print Name)

ZONING: _____ TYPE OF CONSTRUCTION: _____ OCCUPANCY GROUP: _____

THIS APPLICATION IS: APPROVED DENIED

BUILDING OFFICIAL: _____ DATE: _____