Certificate of Occupancy Application

Date_____
Tax I.D. #_____
Address _____Phone _____
Owner_____
DBA_____
Business Use: Retail ____Wholesale ____MFG_____
Church____Service____Dist____Ofc____ Whse _____
Restaurant _____On-site food prep_____
Describe business_____
Total employees_____Hours of Operation_____

Is building equipped with automatic fire sprinkler_____
Manual or automatic Alarm system_____

Area sq. ft.: Office _____Warehouse_____
Retail _____Restaurant_____
Mfg._____Sanctuary_____
Other _____Total_____
Number of sq. ft. used for storage over 12' in height_____

ALL FOOD ESTABLISHMENTS MUST PROMINENTLY DISPLAY THEIR STATE OF TEXAS HEALTH CERTIFICATE.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or the performance of construction. The issuance of a building permit neither exempts nor modifies any covenants, deed restrictions, city ordinances and/or federal laws, whether herein specified or not.

All sections MUST be filled out completely.

Applicant printed
Application Fee is $50.00 Paid Cash ____Card ____ Check#_____
_____

If your occupancy or business does not involve the storage, sale or use of the following, check No: otherwise check Yes and all applicable items.

YES	No
__Alcohol sales	
__Alcoholic beverages	
__Bales of loose combustible fibers	
__Cellulose nitrate film	
__Compressed gas	
__Dry cleaning (flammable solvents)	
__Dust producing process	
__Explosives or ammunition	
__Fireworks	
__Flammable or combustible liquids over 10 gal.	
__Floor drains in building	
__Food and/or beverage processing, storage or sales	
__Food products	
__High piled stock over 12" high	
__Liquid propane gas	
__Magnesium	
__Other hazards (specify)	
__Painting with flammables	
__Poisonous or hazardous chemicals/acids	
__Recycling waste	
__Smoking (not permitted in sales area)	
__Vehicle repair or garage	
__Welding or cutting	
__Woodworking	
__X-Ray development	

Provide MSDS sheets to Building Inspection and list maximum quantity of all hazardous material.

List any materials discharged to drainage systems or atmosphere.
_____
_____
_____
_____
____

Name_____Signature_____

Phone_____ Cell_____
Fax_____