



CERTIFICATE OF OCCUPANCY APPLICATION

PERMIT No. _____

OWNER AND BUSINESS INFORMATION

Name of Business: _____

Name of Owner: _____ Phone Number: _____

Building Address: _____ Zip Code: _____

Mailing Address: _____ Zip Code: _____

Building Owner: _____ Phone Number: _____

Owner's Address: _____ Zip Code: _____

What will the occupied space be used for?

(Please be specific) _____

PLEASE CHECK ALL OF THE FOLLOWING THAT ARE APPLICABLE TO YOUR BUSINESS:

- | | |
|--|--|
| <input type="checkbox"/> Food Products | <input type="checkbox"/> Health Hazards |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Flammable or Combustible Liquids(10 Gallons or more ONLY) |
| <input type="checkbox"/> Explosives/Ammunition | <input type="checkbox"/> Semi Conductor |
| <input type="checkbox"/> Outdoor Storage or Display | <input type="checkbox"/> Spray Painting |
| <input type="checkbox"/> Compressed Gases (LPG., Etc.) | <input type="checkbox"/> Welding or Open Flame |
| <input type="checkbox"/> Dust Producing Equipment | <input type="checkbox"/> Fireworks |
| <input type="checkbox"/> Outdoor Vehicle Service | <input type="checkbox"/> Car Wash |
| <input type="checkbox"/> Poisonous or Hazardous Chemicals/Acids | <input type="checkbox"/> Reclaiming Waste Materials |
| <input type="checkbox"/> Ambulance transfer service (requires franchise agreement) | |
| <input type="checkbox"/> Any Storage over 12 ft. high inside building? | Total sq. ft. _____ |
| <input type="checkbox"/> Any storage over 15 ft. high inside building? | Total sq. ft. _____ |

APPLICANT ACKNOWLEDGEMENT AND SIGNATURE

This application shall be completely filled out by the applicant prior to any inspections. Final or conditional Certificate of Occupancy issued on the basis of incorrect information supplied on this application may be revoked. Signature of occupant's agent constitutes approval for City employees to enter the property for necessary inspections. In any event, no business shall be conducted until the occupant receives a final or conditional C. of O.

Contact Person Phone Number

Signature of Occupant or Occupant's Agent Date

**CERTIFICATE OF OCCUPANCY
Inspector's Information Sheet**

Is this a previously occupied structure? Yes No Is this a change in occupancy? Yes No

If YES, what was the previous use of this building? _____

Building Permit # _____ Type Construction: _____

Occupancy Type: _____ Zoning Classification: _____

Approved by: _____ Date: _____

**** Will A New Sign Be Installed For This Business?** Yes No

Fire Inspection (903) 731-8464

Approved By: _____ Date: _____

Comments: _____

Health Department (if applicable) (903) 731-8492

Approved By: _____ Date: _____

Comments: _____

Public Works & Utilities (must have fire prevention inspection approved) (903) 731-8423

Approved By: _____ Date: _____

Comments: _____

Meter No. _____

**** Is a Grease Trap or Sand Trap Required for this Business? Does the property have an Existing Grease Trap or Sand Trap?** Yes No If yes, contact the Utilities Department at this number: 903-731-8423

Building Inspection (903) 731-8495

Issued/Approved by: _____ Date: _____

Comments: _____

***** You are responsible for contacting the following departments for inspection. The Inspectors will list any violations that must be corrected before a Conditional or Final Certificate of Occupancy is issued.**