



APPLICATION FOR CERTIFICATE OF OCCUPANCY

Address of property:

Business name:

Business Owner Name:

Phone number:

Business Owner Address:

Legal description of property: Lot Block Subdivision

New building (TIA Worksheet) Existing building Change of Name or Owner Change of Use (TIA Worksheet)

Previous use :

Proposed use:

Street Maintenance Fee:

Land Use Description

SQ. FT.

Unit

Billing Code

CERTIFICATE OF OCCUPANCIES ARE NOT TRANSFERABLE

I understand that the use is limited to the proposed use I have described, and repairs, remodeling or alterations are not permitted without first obtaining a permit.

Signature:

Date:

INSPECTION RESULTS – FOR OFFICIAL USE ONLY

Construction Type:

Occupancy Classification:

Zoning:

Fire Sprinkler Required: YES / NO

Maximum Occupant Load:

BUILDING INSPECTIONS
(254-501-7762)

Approved Date:

By:

SOLID WASTE
(254-501-6372)

Approved Date:

By:

FIRE DEPARTMENT
(254-501-6584)

Approved Date:

By:

BPAT
(254-504-6315)

Approved Date:

By:

HEALTH DEPARTMENT
(254-526-3197)

Approved Date:

By:

PUBLIC WORKS
(254-616-3172)

Approved Date:

By:

CODE ENFORCEMENT
(254-501-7608)

Approved Date:

By:

PLANNING
(254-501-6591)

Zoning Use Approved Date:

By:

Inspection date:

Time:

IO

Date: