



# 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:

**ENGINEERING**  
**(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: