



Zoning _____
 Occupancy Grp. _____
 Type Const. _____
 Bldg. Permit # _____
 Fee \$75 _____

APPLICATION FOR
CERTIFICATE
OF
OCCUPANCY

Lot _____ Blk. _____
 Addition _____
 Inspection Appointment
 Date _____
 Time _____

COMPLETE THE INFORMATION IN THE BOX BELOW. Please list area codes.

<hr/>	<hr/>	
Date of Application	Anticipated move in date	Does your occupancy or business involve storage, sale, or use of:
<hr/>	<hr/>	YES NO
Name of Business	Location	_____ _____
<hr/>	<hr/>	_____ _____
Mailing address (if different)	Bus. Phone #	* _____ _____
Specific description of use for the above premises.		* _____ _____
Certificate of Occupancy will cover ONLY the uses specified.		* _____ _____
<hr/>		* _____ _____
<hr/>		_____ _____
<hr/>		_____ _____
Owner of Building	Phone #	_____ _____
<hr/>	<hr/>	_____ _____
Owner's Address	City/Zip	_____ _____
<hr/>	<hr/>	_____ _____
Tenant's Name	Position with Company	_____ _____
<hr/>	<hr/>	_____ _____
Date of Birth	Texas Driver's License #	_____ _____
<hr/>	<hr/>	_____ _____
Home Address	City/Zip	_____ _____
<hr/>	<hr/>	_____ _____
Home Phone #	Emergency #	_____ _____
<hr/>	<hr/>	_____ _____

* House Bill 1112 requires that you provide Chemical Data Sheets to the Fire Chief showing each hazardous material that you plan to store, use, or dispense with the maximum quantity of each.

** Permits for hazardous materials and other materials, storage, functions and/or processes may be required and obtained by application to the fire department.

APPROVED / DENIED

_____	_____	Fire Official _____	Date _____
_____	_____	Health Official _____	Date _____
_____	_____	Public Works Director _____	Date _____
_____	_____	Building Official _____	Date _____