



# Application for Certificate of Occupancy

Amount Paid \$ \_\_\_\_\_

Check # \_\_\_\_\_

Building Inspections Dept. (972) 961-4891

Fire Department (972) 961-4900

Inspection Request (972) 961-4897

Health Inspector (214) 202-1202

Date: \_\_\_\_\_ C.O. No: \_\_\_\_\_

**This Application must be completed in full, signed and dated prior to being processed.**

Name of Business: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Business Owner's Address: \_\_\_\_\_  
Street /PO Box City State Zip

Property Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_  
Street /PO Box City State Zip

Proposed use: \_\_\_\_\_ (Restaurant, Retail, Office, Warehouse, Etc.) Total Square Footage: \_\_\_\_\_  
Office Square Footage: \_\_\_\_\_

Previous use: \_\_\_\_\_ Retail Area Square Footage: \_\_\_\_\_

Will your business have a trash dumpster? \_\_\_\_\_ Storage or Warehouse Square Footage: \_\_\_\_\_  
Kitchen Square Footage: \_\_\_\_\_

Any proposed manufacturing to be conducted? Yes No If yes, explain: \_\_\_\_\_

Are there adjoining businesses? Yes No If yes, what type: \_\_\_\_\_

Is the building equipped with an automatic sprinkler system? Yes No

Any storage of materials? Yes No If yes, what type: \_\_\_\_\_

Will there be any outside storage or display? Yes No If yes, explain: \_\_\_\_\_

# of employees: \_\_\_\_\_ Projected opening date: \_\_\_\_\_

Circle all applicable: New Tenant in Existing Building Same Owner, New Business Name  
Expanding Lease Space Shell Building (No Occupancy)  
Same Business Name, New Owner New Interior

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Signing this application does not authorize occupancy of the space and/or structure. It is unlawful to use, occupy, or permit the use or occupancy of a building until a C.O. is issued.*

## OFFICE USE ONLY

Bldg. Dept: \_\_\_\_\_ Date: \_\_\_\_\_

Hlth. Dept: \_\_\_\_\_ Date: \_\_\_\_\_

Bldg. Official \_\_\_\_\_ Date: \_\_\_\_\_

Fire Dept: \_\_\_\_\_ Date: \_\_\_\_\_

P&Z. Dept: \_\_\_\_\_ Date: \_\_\_\_\_

Occ. Class. \_\_\_\_\_ Type Const. \_\_\_\_\_

Zoning \_\_\_\_\_ Occ. Load \_\_\_\_\_