

COMMERCIAL CERTIFICATE OF OCCUPANCY APPLICATION
3219 California Pkwy, Forest Hill, TX 76119
Phone: (817) 806-4561 Fax: (817) 984-8254



1. Fill out this paperwork and return to the Permits Department office as soon as possible in order to be able to acquire an inspection. Fees must be paid and all information must be complete and accurate. We must have a copy of your sales tax certificate with your returned application.
2. You will need a building code and a fire code inspection *BEFORE* you will be issued a Certificate of Occupancy. You can schedule your building inspection and your fire code inspection at (817) 806-4561.
3. If you do not pass both *INSPECTIONS*, we will not issue your Certificate of Occupancy. Any electrical, plumbing mechanical or signage work needed must be performed and permitted by a certified contractor.
4. You **CANNOT** occupy the building or open for business until you obtain a Certificate of Occupancy signed and displayed at your place of business.

Business Address: _____

Date: _____ Building Square Footage: _____

Business Name: _____ Phone #: _____

Contact email: _____

DESCRIBE TYPE OF BUSINESS TO BE CONDUCTED:

Business Hours: _____ # of Shifts: _____

of Employees/Shift: _____

Owner: _____

Owner Address: _____

Phone #: _____ Cell Phone: _____

Business Tax ID#: _____ Email Address: _____

Manager's Name: _____ Phone #: _____

Insurance Carrier: _____ Policy #: _____

Insurance Agent: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

BUILDING INFORMATION:

Owner: _____ Phone #: _____

Mailing Address: _____

I verify that all the information is true and correct to the best of my knowledge.

Applicant Signature

Date

----- **FOR OFFICE USE ONLY** -----

To be completed by City Planner:

Use: _____

Lot #: _____ Block: _____ Addition: _____

Tract: _____ Abstract: _____ Survey: _____

Current Zoning: _____ Required Zoning: LR GB LI HI PD

Conforms to Zoning () Yes () No Existing Non-conforming () Yes () No

Specific/Temporary Use Permit Required () Yes () No Landscaping Required () Yes () No

Screening Fence Required () Yes () No

Stipulations/Comments: _____

Signature: _____ Date: _____

To be completed by Fire Marshal/Fire Chief:

Occupancy Load: _____

Sprinkler System Required () Yes () No

Sprinkler System Provided () Yes () No

Stipulations/Comments: _____

Signature: _____ Date: _____

To be completed by Building Official:

Construction Type: _____ Occupancy Class: _____

of Exits: _____

1st Floor: _____ 2nd Floor: _____ 3rd Floor: _____

Stipulations/Comments: _____
