

**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 #: \_\_\_\_\_

***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: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**To be completed by Fire Marshal/Fire Chief:**

Sprinkler System Required ( ) Yes ( ) No

Sprinkler System Provided ( ) Yes ( ) No

Stipulations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**To be completed by Building Official:**

Construction Type: \_\_\_\_\_

Occupancy Class: \_\_\_\_\_

Occupancy Load: \_\_\_\_\_

# of Exits: \_\_\_\_\_

1<sup>st</sup> Floor: \_\_\_\_\_

2<sup>nd</sup> Floor: \_\_\_\_\_

3<sup>rd</sup> Floor: \_\_\_\_\_

Stipulations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_