CERTIFICATE OF OCCUPANCY PERMIT APPLICATION
JURISDICTION OF THE CITY OF PORT ISABEL
(Applicant must fill out only numbered items)

Application #: _____ **Date:** _____ **PERMIT FEE: $ 50.00**

1. Applicant: _____ Phone: _____
2. Owner: _____ Phone: _____
3. Mailing Address: _____
4. Street Address: _____
5. Lot: _____ Block: _____ Subdivision: _____
6. Use of building: _____
7. New business occupancy: yes_____ no_____ Change of use from (describe) _____

NOTICE: THIS PERMIT IS NOT TRANSFERABLE
I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of occupancy will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating occupancy use or performance. (Re: City Ordinance Nos. 605 and 484)

_____ _____
Signature of Operator or Authorized Agent Date

_____ _____
Signature of Operator or Authorized Agent Date

THIS SECTION FOR OFFICIAL USE ONLY

Type of Const.:_____ Occupancy Group:_____ Division:_____
Bldg. Size total sq. ft:_____ No. of stories:_____ Max. Occp. Load:_____
Fire Zone:_____ Use Zone: _____ No. of dwelling units:_____
Fire Sprinkler required: yes / no Off street parking spaces:_____ Covered:_____ Uncovered:_____

SPECIAL APPROVAL	REQUIRED	RECEIVED	NOT REQUIRED
ZONING			
HEALTH DEPT			
SOIL REPORT			
BLDG. INSP.			
ELECT INSP.			
PLUMB. INSP.			
OTHER (SPECIFY)			
MOBILE HOMES			

When properly validated your Certificate of Occupancy # is:_____ Receipt #_____
Permit Validation: Check/Money Order/Cash:_____