Certificate of Occupancy Application

Development Services
141 W. Main St.
Royse City, TX 75189
permits@roysecity.com
Phone: (972) 524-4710

Application for a Certificate of Occupancy (CO) is made to Development Services authorizing the inspection of property.		
Name of Business:		
Business Address:		
Website:		
Date of Application:		
Occupants Name	Signature	Phone
Email	Address, City, State, ZIP	
Building Owner Name	Signature	Phone
Email	Address, City, State, ZIP	
Are you applying for a Shell Building CO? ☐ Yes ☐ No	Are you changing the name of your business? ☐ Yes ☐ No	

Occupancy Information (ALL QUESTIONS MUST BE COMPLETED)

1. Will you be performing any of the below activities or processes on the premises?

   MARK WITH AN 'X' ALL THAT APPLY

	Assembly/Gathering/Worship		Grocery or Convenience Store		Bar Area/Alcohol Sales
	Child Care/Day Care		Personal Services		Office
	Restaurant		Retail Sales		Storage
	Warehousing		Food and/or beverage processing, storage or sales		Medical/Dental
	Dance Floor/Hall		Vehicle Sales/Repair		Woodworking
	Painting with Flammables		Combustible Fibers		Dry Cleaning Solvents
	Fireworks		Dust Producing Process		Interior Floor Drains
	Tobacco or related products		Cellulose Nitrate Film		Explosives/Ammunition
	X-ray development		Compressed Gases		Recycling Waste
	Flammable/Combustible liquids (10 gal. or more)		Liquid Propane Gas		Magnesium
	High Piled Stock (over 12')		Poisonous or hazardous chemicals/acids		Welding or Cutting

** Provide chemical data sheets to the Building Inspection Department listing the maximum quantity of all hazardous materials**

List any material discharged into the draining system, ground, or atmosphere:

2. Do you plan to make any interior or exterior improvements or renovations to the building?

☐ Yes ☐ No

If YES, describe scope of work:

Occupancy Information (ALL QUESTIONS MUST BE COMPLETED)	YES	NO
3. Will you store, use, dispense or mix flammable or combustible liquids for purposes? If YES, specify the (a) type of product and the (b) projected quantities (MSDS sheets must be submitted with app).		
4. Will you handle or use any hazardous or toxic chemicals such as, but not limited to, radioactive, explosive, or organic materials? If YES, specify (a) types & (b) quantities:		
5. Will the building need to have its electricity turned on?		
6. Are you occupying the entire building or lease space?		
7. Is the building or space currently vacant or is this a new building? (Check one) ☐ Currently Vacant ☐ Currently Occupied ☐ New Building	N/A	
8. Will you be subleasing from an existing tenant?		
9. What is the area of the lease space (in square feet)? _____ *sq. ft.*	N/A	
10. Does the building have a Fire *ALARM* System?		
11. Does the building have a Fire *SPRINKLER* System?		
12. How much of this space is intended for office purposes? ☐ 100% ☐ 75% ☐ 50% ☐ 25% ☐ Less than 25% ☐ Other: ____%	N/A	
13. If <u>OTHER THAN 100%</u>, how will the remaining space be used? If 100%, skip question.	N/A	
14. Provide a description of how the business will operate (e.g. what type of business activities will occur on-site, what business activities will occur off-site, if it's open to the public, whether sales are made on-site or in some other way, what type of services are rendered, if manufacturing or distribution will occur, etc.)	N/A	
15. Where does the most of your business occur? ☐ On-Site ☐ Off-Site ☐ 50/50 Split ☐ Other Split: _____	N/A	

16. What type(s) of clientele do you mostly do business with?	N/A	
17. Will business have on-site sales of merchandise/products (i.e. is it open to the public)?		
18. Will your business be using the space mostly for storage (i.e. you meet employees on-site, gather/load materials, then leave for a job site)? *Mostly means more than 50% of the time.*		
19. Will your business have a lobby or waiting area? If YES, what are the dimensions (e.g. 20' x 15'):		
Occupancy Information Continued	**YES**	**NO**
20. Will food or beverages be manufactured, packaged, stored, distributed, sold or prepared in any manner other than vending machines?		
21. Will business store equipment, materials, and/or products *INSIDE* the building? If YES, describe (a) location and (b) dimensions (including height):		
22. Will business store equipment, materials, and/or products *OUTSIDE* the building? If YES, describe (a) location, (b) dimensions, (c) height of storage, and (d) how it will be screened:		
23. Will any goods, merchandise or raw materials be *DISPLAYED* outdoors? If YES, describe (a) what will be displayed, (b) its location, (c) dimensions, & (d) time of removal:		
24. Are the parking spaces *PAVED*?		
25. Are the parking spaces *STRIPED*? If YES, how many?		
26. Does your business sell vehicles, motorcycles, ATV's, trailers, RV's? If YES, what type(s)? If YES, is inventory New, Pre-Owned, or both? ☐ New ☐ Pre-Owned ☐ Both If BOTH, what is the % of new vs. pre-owned? ___ % New ___ % Pre-Owned		
27. Does your business service or repair vehicles or install equipment and accessories into/on vehicles? If YES, describe operations:		
28. Will business have any signage (if yes, a sign permit is required prior to sign installation)?		
29. What hours of operation will the business have? Days: Hours:	N/A	
30. How many employees will the business have? ___ # Full-Time ___ # Part-Time	N/A	

OFFICE USE ONLY				
Occupancy Classification:			Zoning District:	
Construction Type:			Parking Schedule:	
Occupant Load:			Parking Calcs:	
Food Establishment Permit Required? Yes ☐ No ☐			Parking Spaces Req:	
ABC License Required? Yes ☐ No ☐			Parking Spaces Provided:	
Planning & Zoning	☐ Approve	☐ Deny	Initials:	Date:
Use is	☐ Conforming	☐ Non-Con	Initials:	Date:
Structure is	☐ Conforming	☐ Non-Con	Initials:	Date:
Building Inspections	☐ Approve	☐ Deny	Initials:	Date:
Fire Department	☐ Approve	☐ Deny	Initials:	Date:

Comments

Conditions

CERTIFICATE OF OCCUPANCY PRE-INSPECTION CHECKLIST OF COMMON VIOLATIONS

Royse City Fire Department - Fire Marshal's Office
305 N Arch St. ● Royse City, TX 75189 ● Phone: 972.524.4819
Website: http://www.roysecity.com/departments/fire/
Email: rcfd@roysecity.com

IN ORDER TO COMPLY WITH THE CITY OF ROYSE CITY ADOPTED CODES AND ORDINANCES PLEASE FOLLOW THE DIRECTIONS BELOW

Walk through the business with this form and answer all of the questions listed below
When the inspection is complete and all violations have been corrected, contact the Royse City Fire Marshal's Office to schedule your inspection

	Yes	No	N/A	If NO, date corrected		Yes	No	N/A	If NO, date corrected
Is your address visible on the outside of the building with contrasting background and numbers at least 12 inches in height?					Are electrical/mechanical rooms free of combustible storage?				
Is your address or suite number visible on the rear of the building with numbers at least 4 inches in height?					Is the fire lane clearly marked with red paint, to include the TOP of the curb, and fire lane wording legible?				
Are your gas and electrical meters labeled with your address or suite number?					Do you have a fire extinguisher(s) in your business? The minimum required is a 2A10BC (refer to label on extinguisher).				
Are all electrical breaker panels accessible and labeled? Disconnects at the meter need to be labeled as "Main Electrical Disconnect". See RCFMO Signage Requirement packet for specs.					Have all extinguisher(s) been inspected, tagged or serviced within the last year?				
Are empty slots in electrical panel filled with approved blanks?					Is the maximum travel distance to the fire extinguisher 75' or less?				
Is the cover on the electrical panel and face plates installed on all electrical outlets, switches and junction boxes?					Are fire extinguisher(s) visible and readily accessible for use (not blocked by storage, etc.)?				
Extension cords cannot be used as permanent wiring. Do you have all electrical devices plugged into receptacles or a single UL approved power strip?					Is a fire extinguisher mounted or secured on a wall (preferably near an exit) so that the top of the extinguisher is not more than 5 ft. above the floor?				
Does the electrical system appear to be in good working order?					Are required exit path(s) and door(s) unblocked?				
If electrical panel or electrical equipment is located in a room, is the room labeled as "Electrical Room"?					Does the main entry door to the business have a thumb latch lock on the interior side of the door? (Required signage attached that reads: "This door to remain unlocked when building is occupied")				

Updated 10/2022

CERTIFICATE OF OCCUPANCY PRE-INSPECTION CHECKLIST OF COMMON VIOLATIONS

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Website: http://www.roysecity.com/departments/fire/
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Buildings with Fire Sprinkler Systems								
Is Fire Department Connection (FDC) unobstructed and cap(s) in place?	Yes	No	N/A	Is fire alarm system currently tagged acceptable with a blue inspection tag? (Inspected within the last year?)	Yes	No	N/A	
If NO, date corrected				If NO, date corrected				
Is fire sprinkler system currently tagged acceptable with a blue inspection tag? (Inspected within the last year?)	Yes	No	N/A	Is fire riser room equipped with an operational heater, operational emergency lighting and is the door labeled?	Yes	No	N/A	
If NO, date corrected				If NO, date corrected				
Items that may not be required in all occupancies								
Are exit signs illuminated and work on emergency power or on battery backup	Yes	No	N/A	Has kitchen hood suppression system been inspected in the past 6 months and hood cleaned quarterly?	Yes	No	N/A	
If NO, date corrected				If NO, date corrected				
Does **interior** emergency lighting work when tested? (Test button located by LED light on side or bottom)	Yes	No	N/A	Are exit doors used in pairs free of surface or flush mounted bolts? (Surface and flush mounted bolts are not to be used in exit doors.)	Yes	No	N/A	
If NO, date corrected				If NO, date corrected				
Does the **exterior** emergency lighting above the exit doors work when tested? (Test button located by LED light on side or bottom)	Yes	No	N/A	Are fire rated door(s) self-closing and self-latching?	Yes	No	N/A	
If NO, date corrected				If NO, date corrected				
Is maximum occupancy sign posted? (Assembly occupancies of 50 or more)	Yes	No	N/A	Are penetrations in fire rated walls sealed?	Yes	No	N/A	
If NO, date corrected				If NO, date corrected				

Two copies of door entry keys will need to be given to the Inspector, on the day of inspection, to be secured in the Knox Boxes located on your building

If you have any questions during this self-paced inspection of your business, please contact the Royse City Fire Marshal's Office at **972.524.4819**

OCCUPANT EMERGENCY CONTACT FORM

Royse City Fire Department - Fire Marshal's Office
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Business or Occupant			
Date		New Building/Suite or Existing	
Business Name			
Street Address			
Zip	75189		
Main Phone		Fax	
Phone 2		Business Description	
Manager's Name, Email & Cell			

Business Owner or Corporate Office (if different from above)			
Business Owner Name			
Owner/Mgmt Co. Name			
Mailing Address			
City, State, Zip			
Phone 1	☐Home ☐Cell ☐Pager ☐Office ☐Other	Phone 2	☐Home ☐Cell ☐Pager ☐Office ☐Other
Phone 1 #		Phone 2 #	
Owner's E-mail			

Building Owner or Management Company (if different from above)			
Name		Title	
Email		Key holder?	☐Yes ☐No
Phone 1	☐Home ☐Cell ☐Pager ☐Office ☐Other	Phone 2	☐Home ☐Cell ☐Pager ☐Office ☐Other
Phone 1 #		Phone 2 #	

After Hours Emergency Contacts (if different from above)			
Emergency Contact #1			
Name		Title & Email	
City		Key holder?	☐Yes ☐No
Phone 1	☐Home ☐Cell ☐Pager ☐Office ☐Other	Phone 2	☐Home ☐Cell ☐Pager ☐Office ☐Other
Phone 1 #		Phone 2 #	

Emergency Contact #2			
Name		Title & Email	
City		Key holder?	☐Yes ☐No
Phone 1	☐Home ☐Cell ☐Pager ☐Office ☐Other	Phone 2	☐Home ☐Cell ☐Pager ☐Office ☐Other
Phone 1 #		Phone 2 #	

Updated: 6/2026