COMMERCIAL CERTIFICATE OF OCCUPANCY APPLICATION
3219 California Pkwy, Forest Hill, TX 76119
Phone: (817) 806-4561 Email: permits@foresthilltx.org

1. **Complete this application in its entirety and return to the Permit Department. Fees must be paid and all information must be complete and accurate. Include a copy of your valid driver's license or state issued ID, sales tax certificate, and proof of insurance with the application. If you are leasing the property, we will need a copy of the first page of the lease agreement showing the applicant's name as listed below.**
2. **You will need a building and a fire inspection *BEFORE* you can open for business. You can schedule your building inspection by calling (817) 806-4561 and your fire code inspection at (817) 531-5715.**
3. **If you do not pass both *INSPECTIONS,* corrections will need to be made and if required, re-inspections are to be scheduled. Any electrical, plumbing, mechanical, or signage work needed must be performed and permitted by a registered contractor.**
4. **You *CANNOT* occupy the building or open for business until you obtain a Certificate of Occupancy (CO) that is signed and is displayed at your place of business.**
5. **A site plan and floor plan of the proposed space must be submitted with this application.**

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 #: _____

After-Hours Emergency Contact: _____ Phone #: _____

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BUILDING INFORMATION:

Owner: _____ Phone #: _____

Email address: _____

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: _____

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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: _____

_____

_____

07/2026