COMMUNITY SERVICES DEPARTMENT
12002 Hwy 6, Santa Fe, TX 77510
PO Box 950
Phone (409) 925-6412
gargentine@santafetx.gov

NEW COMMERCIAL BUSINESS
(No Fee Application)

Address of Business:	Name of Proposed Business:		Tax ID Number:
Legal Description:	Zoning District:	Subdivision (if any):	Name of Shopping Ctr.:
Owner of Building:	Mailing Address:	Zip:	Phone:
Name of Proposed Occupant (Tenant):	Mailing Address:	Zip:	Business Phone:
What name will the Electrical Service bill be in? (Must be the exact name you have given to Electrical Provider)			
Type of Proposed Business (please be specific):	Occupancy Group: **(For Office Use Only)**		
Business Hours:	Anticipated Date of Move-In:		Number of Employees:
Are you relocating this business from another City of Santa Fe Location? Yes or No (please circle one) Do you own other businesses?			
DESCRIBE BUSINESS IN DETAIL: (INCLUDE ALL ACTIVITIES)			
Applicant Printed Name:	Phone:		E-mail Address:

This form may be emailed, mailed, or submitted in person.

Occupied Space Square Feet: _____

Prior to Issuance of a Certificate of Occupancy: General electrical/occupancy inspections must be approved to have permanent electrical service and occupy the building/space. A floor plan of the space with occupancy load must be provided with application. Inspections are subject to all applicable fees.

I am aware that I must apply for and receive a sign permit before I erect any sign in the City of Santa Fe.

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 work will be complied with whether specific herein or not.

_____ _____
Applicant Signature Date

For Office Use Only:

Date _____

Permit Number _____

This is a conditional Certificate of Zoning Compliance

Planning Approval _____ Date _____

Fire Marshal _____ Date _____

Building Official _____ Date _____

C.S. Director _____ Date _____

Revised 06-19-2025