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

COMMERCIAL CHANGE OF OCCUPANCY

Address of Business:	Name of Proposed Business:		Tax ID Number:
Legal Description:	Zoning District:	Subdivision (if any):	Name of Shopping Center:
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:

Occupied Space Square Feet: _____

Existing fire sprinkler system? (circle one) Yes | No

Existing fire alarm system? (circle one) Yes | No

Prior to Issuance of a Certificate of Occupancy:
An occupancy and code compliance inspection are required to be conducted prior to the issuance of a Certificate of Occupancy and a release for permanent electrical service. An updated floor plan of the space with occupancy load must be provided with application. Inspections are subject to all applicable fees.

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

Are any of the following changes proposed for the subject space? (Check all that apply)
___ Structural ___ Plumbing ___ Electrical
___ A/C ___ Other

Any signage proposed to be located for the business must be reviewed and approved by a separate application prior to locating. _____ Applicant Initials

For Office Use Only: Permit:_____

Fire Marshal _____ Date _____

Building Official _____ Date _____

C.S. Director _____ Date _____

Revised 06-19-2025

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