Phone Number: 361-594-3362 - Fax 361-594-3366
Email: adamf@shinertexas.gov
Address: 802 N. Ave E
P.O. Box 308

# *Commercial Certificate of Occupancy Application*

**Project Information** Permit # _____

Business Name/Description: _____

Project Address: _____ Sq. Ft. _____

_____ _____ _____

INTENDED USE OF SPACE: _____

Total Occupancy of Building: _____ Zoning District: _____

**Tenant Information**

Company Name: _____ Contact Person: _____

Street Address: _____

Phone Number: _____ Email: _____ Cell Number: _____

**Owner Information**

Company Name: _____ Contact Person: _____

Street Address: _____

Phone Number: _____ Email: _____ Cell Number: _____

**Does your business involve the storage, sale or use of the following: (Check all that apply)**

- ☐ Painting with flammables
- ☐ Combustible Fibers
- ☐ Cellulose Nitrate Film
- ☐ Compressed Gas
- ☐ Liquid Propane Gas
- ☐ Vehicle Repair Garage
- ☐ Welding or Cutting
- ☐ Dry Cleaning Solvents
- ☐ Dust producing process
- ☐ Explosives/Ammunition
- ☐ Recycling Waste
- ☐ Magnesium
- ☐ Vehicles in Building
- ☐ Woodworking
- ☐ Flammable/combustible liquids (10 gallons or more)
- ☐ Floor drains in building
- ☐ Food and/or beverage processing, storage or sales
- ☐ Food products
- ☐ High piled stock (over 12' in height)
- ☐ Poisonous or hazardous chemicals/acids
- ☐ X-ray Development
- ☐ Alcohol
- ☐ Smoking
- ☐ Fireworks

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

**List any material discharged into the drainage system, ground, or atmosphere:** _____

***It shall be unlawful to use or occupy or permit the use or occupancy of any building or premises created, erected, changed, converted or altered or enlarged in its use or structure until a Certificate of Occupancy shall have been issued by the administrative official. A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.***

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 specified 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 construction or the performance of construction.

**Signature of Applicant:** _____ **Date:** _____

**For City Use Only**

| | *Approved By* | *Date* | *Comments* |
|---|---|---|---|
| **Building Department** | | | |
| **Public Works Department** | | | |
| **Fire Department** | | | |
| **Engineering Dept.** | | | |
| **Health Permit:** | | | |

**Issued By:** _____ **Date Issued:** _____

**BV Project #:** _____