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APPLICATION FOR CERTIFICATE OF OCCUPANCY

REQUESTED INSPECTION DATE: _____ PERMIT NUMBER: _____

****APPLICANT TO COMPLETE 1 – 7 ONLY****

1. PROPERTY ADDRESS: _____
2. PROPERTY OWNER: _____ PHONE: _____
3. OWNER'S ADDRESS: _____
4. PROPOSED TENANT: _____ DATE: _____
5. TENANT'S ADDRESS: _____ PHONE: _____
6. PREVIOUS OCCUPANCY TYPE: _____
7. PROPOSED OCCUPANCY TYPE: _____

SIGNATURE: _____

FOR OFFICE USE ONLY:

FIRE INSPECTION REQUIRED: YES NO HEALTH INSPECTION REQUIRED: YES NO
ZONE: _____ REQUIRED PARKING: _____ EXISTING PARKING: _____
TOTAL BUILDING SQ. FT.: _____ LOT SIZE: _____ x _____

PAVED PARKING	OK	N/A	_____
STRIPED PARKING SPACES	OK	N/A	_____
# OF HANDICAP RAMPS	OK	N/A	_____
HANDICAP SIGNS	OK	N/A	_____
FAÇADE	OK	N/A	_____
LANDSCAPING	OK	N/A	_____
SIGN(s)	OK	N/A	_____
EXISTING LIGHTING	OK	N/A	_____
ELECTRICAL PANEL ALTERATIONS	OK	N/A	_____
ELECTRICAL FIXTURES & OUTLETS	OK	N/A	_____
WATER HEATER POP OFF	OK	N/A	_____
WATAR HEATER VENT	OK	N/A	_____
ACCESSIBILITY FOR SERVICE	OK	N/A	_____
PUBLIC RESTROOMS	OK	N/A	_____
WIDTH OF DOORS FOR WHEELCHAIR	OK	N/A	_____
HANDICAP RAILS IN RESTROOM	OK	N/A	_____
STAIRS	OK	N/A	_____
STEPS UNIFORM	OK	N/A	_____
HANDRAIL	OK	N/A	_____
GREASE TRAP	OK	N/A	_____
ADDRESS ON BUILDING	OK	N/A	_____
DUMSPTR SCREENING	OK	N/A	_____
FENCE	OK	N/A	_____
TEXAS SALES TAX & USE PERMIT	OK	N/A	_____

BUILDING INSPECTOR: _____

TENANT: _____

DATE: _____