CERTIFICATE OF OCCUPANCY APPLICATION

PERMIT No. _____

OWNER AND BUSINESS INFORMATION

Business Name: _____ Occupant Name: _____

Email Address: _____ Phone Number: _____

Building Address: _____ Zip Code: _____

Mailing Address: _____ Zip Code: _____

Building Owner: _____ Phone Number: _____

Owner's Address: _____ Zip Code: _____

What will the occupied space be used for? (Please be specific)

_____

_____

_____

PLEASE CHECK ALL OF THE FOLLOWING THAT ARE APPLICABLE TO YOUR BUSINESS:

☐ Food Products	☐ Health Hazards
☐ Day Care	☐ Flammable or Combustible Liquids(10 Gallons or more ONLY)
☐ Explosives/Ammunition	☐ Semi-Conductor
☐ Outdoor Storage or Display	☐ Spray Painting
☐ Compressed Gases (LPG., Etc.)	☐ Welding or Open Flame
☐ Dust Producing Equipment	☐ Fireworks
☐ Outdoor Vehicle Service	☐ Car Wash

☐ Poisonous or Hazardous Chemicals/Acids ☐ Reclaiming Waste Materials

☐ Ambulance transfer service (requires franchise agreement)

☐ Any Storage over 12 ft. high inside building? Total sq. ft. _____

☐ Any storage over 15 ft. high inside building? Total sq. ft. _____

APPLICANT ACKNOWLEDGEMENT AND SIGNATURE

This application shall be completely filled out by the applicant prior to any inspections. Final or conditional Certificate of Occupancy issued on the basis of incorrect information supplied on this application may be revoked. Signature of occupant's agent constitutes approval for City employees to enter the property for necessary inspections. In any event, no business shall be conducted until the occupant receives a final or conditional C. of O.

_____ _____

Contact Person Phone Number

_____ _____

Signature of Occupant or Occupant's Agent Date

DEVELOPMENT SERVICES DEPARTMENT 504 North Queen Street, Palestine, Texas 75801
Phone: 903-731-8435 /Email: permits@palestine-tx.org/ www.cityofpalestinetx.org

CERTIFICATE OF OCCUPANCY
Inspector's Information Sheet

Is this a previously occupied structure? ☐ Yes ☐ No Is this a change in occupancy? ☐ Yes ☐ No

If YES, what was the previous use of this building? _____

Building Permit # _____ Type Construction: _____

Occupancy Type: _____ Zoning Classification: _____

Approved by: _____ Date: _____

**** Will A New Sign Be Installed For This Business?** ☐ Yes ☐ No

Fire Inspection – eclayton@palestine-tx.org ***(903) 731-8464***

Approved By: _____ Date: _____

Comments: _____

Health Department (if applicable) (903) 731-8435

Approved By: _____ Date: _____

Comments: _____

Public Works & Utilities (must have fire prevention inspection approved) ***(903) 731-8423***

Approved By: _____ Date: _____

Comments: _____

Meter No. _____

** **Is a Grease Trap or Sand Trap Required for this Business? Does the property have an Existing Grease Trap or Sand Trap? ☐ Yes ☐ No If yes, contact the Utilities Department at this number: 903-731-8423**

Building Inspection – permits@palestine-tx.org ***(903)731-8435***

Issued/Approved by: _____ Date: _____

Comments: _____

***** You are responsible for contacting the following departments for inspection. The Inspectors will list any violations that must be corrected before a Conditional or Final Certificate of Occupancy is issued.**

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