



COMMERCIAL CERTIFICATE OF OCCUPANCY APPLICATION

CITY OF RIVER OAKS
4900 RIVER OAKS, TX 76114
817-626-5421 ext. 329
permits@riveroakstx.com

Please Print

Property Address: _____ Square Footage: _____

Name of Business: _____

Name of Applicant: _____

Mailing Address: _____

Phone Number: _____ Email address: _____

Property Owner's Name: _____

Commercial Usage: _____

PERMITS ARE NON-REFUNDABLE. I understand that if the initial Certificate of Occupancy inspection reveals violations, **compliance must be met within 30-days from the date of the initial inspection.** It is the responsibility of the applicant/owner to call the Inspection Department to schedule a reinspection if necessary. If compliance is not met within the 30-days allowed, a re-inspection fee of \$40.00 will be required and/or the applicant and/or owner may be subject to the issuance of a municipal citation and/or the utilities may be disconnected at the discretion of the Inspector. Upon re-inspection, the property must be in full compliance or the applicant and/or owner will receive a municipal citation and/or the utilities will be disconnected.

I understand that a permit application is required for all signage on commercial property.

Signature of Applicant

Date

Permit # _____

Appointment Date and Time: _____

If you fail to show up at your appointment date and time, a re-inspection fee will be charged.

Permit Department: _____



BUSINESS OWNER:

The City of River Oaks Police Department is requesting your assistance in providing the emergency after hours contact numbers for your business. Please fill out the After Hours Contact Form below and return to 4900 River Oaks Blvd, River Oaks, TX 76114

BUSINESS AFTER HOURS EMERGENCY CONTACT NUMBERS

Date Filled Out: _____

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE #: _____

CONTACT PERSON: _____

CONTACT PHONE:

PRIMARY # _____ ALT PHONE # _____

EMAIL ADDRESS: _____ FAX # _____

ALTERNATE CONTACT PERSON: _____

PRIMARY # _____ ALT PHONE # _____

ALARM COMPANY: _____

PHONE # _____

ADDITIONAL INFORMATION (Example: Property Owner or Rental Co. & contact #)

Printed Name Business Owner

Signature of Business Owner