



Application for Certificate of Occupancy

Amount Paid \$ 50.00

Check Number _____

Receipt # _____

Building Inspections Dept. (972) 961-4891

Fire Department (972) 961-4900

Inspection Request (972) 961-4897

Health Inspector (214) 202-1202

Date: _____ C.O. No: _____

This Application must be completed in full, signed and dated prior to being processed.

Name of Business: _____ Telephone: _____

Address of Business: _____

Business Owner Name: _____ Telephone: _____

Email: _____ Cell: _____

Business Owner's Address: _____
Street /PO Box City State Zip

Property Owner Name: _____ Telephone: _____

Property Owner's Address: _____
Street /PO Box City State Zip

Proposed use: _____ (Restaurant, Retail, Office, Warehouse, Etc.) Total Square Footage: _____
Office Square Footage: _____

Previous use: _____ Retail Area Square Footage: _____

Will your business have a trash dumpster? _____ Storage or Warehouse Square Footage: _____
Kitchen Square Footage: _____

Any proposed manufacturing to be conducted? Yes No If yes, explain: _____

Are there adjoining businesses? Yes No If yes, what type: _____

Is the building equipped with an automatic sprinkler system? Yes No

Any storage of materials? Yes No If yes, what type: _____

Will there be any outside storage or display? Yes No If yes, explain: _____

of employees: _____ Projected opening date: _____

Circle all applicable:

New Tenant in Existing Building

Same Owner, New Business Name

Expanding Lease Space

Shell Building (No Occupancy)

Same Business Name, New Owner

New Interior

Printed name: _____

Signature: _____ Date: _____

Signing this application does not authorize occupancy of the space and/or structure. It is unlawful to use, occupy, or permit the use or occupancy of a building until a C.O. is issued.

OFFICE USE ONLY

Bldg. Dept: _____ Date: _____

Hlth. Dept: _____ Date: _____

Bldg. Official _____ Date: _____

Fire Dept: _____ Date: _____

P&Z. Dept: _____ Date: _____

Occ. Class. _____ Type Const. _____

Zoning _____ Occ. Load _____