



APPLICATION FOR CERTIFICATE OF OCCUPANCY

Permit # _____

Name of Business: _____

Name of Owner: _____ 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.

- | | |
|--|--|
| <input type="checkbox"/> Food Products | <input type="checkbox"/> Health Hazards |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Semi Conductor |
| <input type="checkbox"/> Flammable or Combustible Liquids
(10 Gallons or more ONLY) | <input type="checkbox"/> Spray Painting |
| <input type="checkbox"/> Explosives/Ammunition | <input type="checkbox"/> Compressed Gases (LPG., Etc.) |
| <input type="checkbox"/> Outdoor Storage or Display | <input type="checkbox"/> Dust Producing Equipment |
| <input type="checkbox"/> Welding or Open Flame | <input type="checkbox"/> Reclaiming Waste Materials |
| <input type="checkbox"/> Outdoor Vehicle Service | <input type="checkbox"/> Fireworks |
| <input type="checkbox"/> Poisonous or Hazardous Chemicals/Acids | <input type="checkbox"/> Car Wash |
| <input type="checkbox"/> Ambulance transfer service (requires franchise agreement) | |
| <input type="checkbox"/> Any Storage over 12 ft. high inside building? | Total sq. ft. _____ |
| <input type="checkbox"/> Any storage over 15 ft. high inside building? | Total sq. ft. _____ |

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

Inspector's Information Sheet

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

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

Building Permit # _____ Type Construction: _____

Occupancy Type: _____ Zoning Classification: _____

Approved by: Date: _____ Date: _____

Zoning and or Historic District (903) 731-8495

Legal: _____ Zoning Classification: _____

• WILL A NEW SIGN BE INSTALLED FOR THIS BUSINESS? b Yes b No

Approved By: _____ Date: _____

Fire Inspection (903) 731-8463

Approved By: _____ Date: _____

Comments: _____

Health Department (if applicable) (903) 731-8417

Approved By: _____ Date: _____

Comments: _____

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

Approved By: _____ Date: _____

Comments: _____

Building Inspection (903) 731-8495

Issued/Approved by: _____ Date: _____

Comments: _____

Meter No. _____

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.