



APPLICATION FOR CERTIFICATE OF OCCUPANCY

Page 1

Part 1. Business Location Information		Part 2. Business Owner Information	
Name of Business (DBA)		Name of Business Owner:	
Street Address:	Suite #:	Address of Business Owner:	
Square footage of building/space:	Number of Employees:	Driver's License Number:	
Contact Person:	Telephone of Business:	Email Address:	
Additional Contact:	Additional Telephone:	Email Address:	
Name of Property Owner		Phone number of Property Owner:	
Street Address of Property Owner		Email Address of Property Owner:	

Part 3. Description of Business Activity				
A. Type of Certificate of Occupancy		B. Type of Business		
New Occupancy	Expanding Sq/Ft	Aircraft	Food/Restaurant	Multi-Family
Change of Use		Assembly	Industrial	Office
Change of Ownership		Automotive	Lodging	Retail Sales
Change of Business Name		Education	Medical	Warehouse
Other Describe:		Other (describe):		

C. Check Yes or No to the following questions:

Yes	No	1. Will flammable or combustible liquids be stored, used, mixed or dispensed at this location? If so, attach description and quantities. Also, please attach SDS sheets for each material.
Yes	No	2. Will Hazardous or toxic chemicals such as, but not limited to, oxidizers, corrosive liquids, poisonous gases, radioactive, explosive, and organic materials be handles? If so, attach description and quantities. Also, please attach SDS sheets for each material.
Yes	No	3. Will any of the following industrial processes be performed on the premises? Please check all applicable activities.
Yes	No	4. Will any liquid waste or sludge be generated which are not disposed of in the sewer system?
Yes	No	5. Will there be any spray painting on the premises?
Yes	No	6. Will food or beverages be manufactured, stored, distributed, or sold in any manner other than in vending machines?
Yes	No	7. Will any form of wastewater pre-treatment be utilized at this location?
Yes	No	8. Will any goods, merchandise or raw materials be stored or displayed outdoors?
Yes	No	9. Will alcoholic beverages be sold?
Yes	No	10. Will any sign be erected or changed?
Yes	No	11. Will the facility be remodeled, renovated or altered?
Yes	No	12. Will any electrical or plumbing fixture be installed ore relocated?
Yes	No	13. Will the building be equipped with an automatic fire sprinkler system?
Yes	No	14. Will the building be used to store aircraft?
Yes	No	15. Will the building be used to provide maintenance of aircraft?
Yes	No	16. Will a medical gas piping system be installed or modified?

Printed Name of Applicant: _____ Date of Application: _____

Applicant Signature: _____ Email: _____ Telephone: _____



16801 Westgrove Drive
Addison, TX 75001

P.O. Box 9010
Addison, TX 75001

phone: 972.450.2880
fax: 972.450.2837

ADDISONTEXAS.NET

IT ALL COMES TOGETHER.



**APPLICATION FOR
CERTIFICATE OF OCCUPANCY**
Page 2

Zoning Acknowledgement Form

Business Name: _____ Date: _____

Company Website: _____

Brief a Description of the Business:

Please provide a brief description of the intended use of the space and how it will utilized (offices, lobby, retail, showroom, storage, warehouse, assembly, production, etc.) for which you are applying for a Certificate of Occupancy. Please provide a floor plan as an attachment with each room labeled.

In signing below, I certify that the information I have provided is true and acknowledge that any misrepresentation of my declared use of this space will result in the **REVOCATION** of the Certificate of Occupancy.

Business Owner Name (printed): _____

Business Owner Signature: _____

Business Owner Email: _____

Business Owner Telephone: _____



16801 Westgrove Drive
Addison, TX 75001

P.O. Box 9010
Addison, TX 75001

phone: 972.450.2880
fax: 972.450.2837

ADDISONTEXAS.NET

IT ALL COMES
TOGETHER.



APPLICATION FOR
CERTIFICATE OF OCCUPANCY
Page 3

RAIN, MOISTURE AND FREEZE SHUT-OFF DEVICE

THIS FORM MUST BE COMPLETED, SIGNED AND SEALED BY AN IRRIGATOR LCENSED WITH THE STATE OF TEXAS

Date: _____

Property Address: _____

CO#: _____

"I have tested the irrigation system and its associated components and determined it is functioning in accordance with all applicable state and local laws, ordinances, rules, regulations and/or orders. The rain or moisture and freeze shut-off device(s) is/are fully operational and functioning in accordance with the manufacturer's specifications."

Name of Licensed Irrigator (print): _____

Name of Irrigation Company: _____

Company Address: _____

Company Telephone Number: _____

Email of Licensed Irrigator: _____

Signature of Licensed Irrigator: _____

