



APPLICATION FOR A CERTIFICATE OF OCCUPANCY



Part 1. Business Location Information		Part 2. Business Owner Information	
Name of business:		Name of owner:	
Street address:		Mailing address of owner:	
Contact person:	Telephone of business:	Drivers License #	
Additional contact:	Additional telephone:	Email Address:	

Part 3. Description of Business Activity			
a. Type of Certificate of Occupancy:		b. Type of business:	
<input type="checkbox"/> New occupancy	<input type="checkbox"/> Number of employees	<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Wholesale
<input type="checkbox"/> Change of ownership		<input type="checkbox"/> Office	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Change of business name		<input type="checkbox"/> Restaurant	<input type="checkbox"/> Warehouse
			<input type="checkbox"/> Auto Maint./ Repair
			<input type="checkbox"/> Other: (describe)

c. Check Yes or No to the following questions:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	1. Will flammable or combustible liquids be stored, used, mixed or dispensed at this location, other than for maintenance or for operation of equipment? If so, attach description and quantities and attach MSDS sheets.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	2. Will hazardous or toxic chemicals such as, but not limited to, oxidizers, corrosive liquids, poisonous gases, radiocative, explosive, and organic materials be handled? If so, attach description and quantities and provide MSDS sheets.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	3. Will any of the following industrial processes be performed on the premises? Please circle the applicable activities. <u>Manufacturing</u> <u>Treating</u> <u>Formulation/Mixing/Processing</u> <u>Vehicle Washing</u>
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	4. Will any liquid wastes or sludge be generated which are not disposed of in the sewer system?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	5. Will there be any spray painting on the premises?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	6. Will food or beverages be manufactured, stored, distributed, or sold in any manner other than in vending machines ?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	7. Will any form of waste water pre-treatment be utilized at this location?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	8. Will any goods, merchandise or raw materials be stored or displayed outdoors?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	9. Will alcoholic beverages be sold?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	10. Will any sign be erected or changed?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	11. Will the facility be remodeled, renovated, or altered?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	12. Will any electrical or plumbing fixture be installed or relocated?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	13. Will the building be equipped with a fire sprinkler system?

Attach the following items to this application: **Note: this application will not be processed and no inspections made until these items have been submitted.**

A copy of the State Sales Tax Certificate, if applicable.

A copy of the floorplan of the area covered by the certificate of occupancy showing exterior door openings and the number of square feet.

I hereby certify that the foregoing information is correct to the best of my knowledge.

Date: _____

Your name (Printed Name): _____ Signature: _____

Check which is applicable:

I am the business owner I am the property owner I am the leasing agent other _____

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Part 4. For Office Use Only

<u>Check Departmental Reviews</u>	<u>Responsibilities</u>	<u>Initials</u>	<u>Status</u>	<u>Date</u>	<u>Phone</u>
Community Dev.	Landscaping, Tree Preservation, Parking & Sidewalks				972-346-3502
Engineering	Public Utilities, Public Improvements, Grading & Drainage				972-346-3502
Eng. Administration	Dev. Fees, Bonds, Const. Contracts & As-built plans				972-346-3502
Public Works	Utility Connections				972-347-9969
Fire Dept.	Life Safety & Fire Protection Systems				972-347-2424
Building Inspection	Bldg. Codes, Signs, Fences, Dumpster Screening, Final Insp., Permit Release & Exterior Lighting				972-346-3502

Instructions:

1. The Building Inspection Office will coordinate the review of the Certificate of Occupancy with the departments checked above prior to releasing the C/O.
2. The applicable department should mark "OK" when their review is completed. If a department review is not applicable, the Building Inspector will mark NA in the Status box.

The Building Inspection Office must complete and attach the C of O checklist before approval of the C/O.

CO Number:	UBC Occupancy Classification: Group: _____ Group: _____	Zoning District:	Health inspection required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Land use name: (per Zoning Ord.)		Is use allowed in the zoning district: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Owner or Contractor Notification: _____ Date: _____			Reviewed by: _____
Certificate of Occupancy Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date: _____	Inspection set for: _____ Permit Fee: _____

COMMENTS: *Note: Subject to comments listed below.*

1. Inspection by a Building Inspector to verify compliance with applicable codes must be completed prior to opening.



Certificate of Occupancy Business Information Application

BUSINESS NAME _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____

BUSINESS HOURS _____

DOES BUILDING CONTAIN A SAFE _____ **YES** _____ **NO**

IF YES, LOCATION _____

BURGLAR ALARM _____ **YES** _____ **NO**

INTERIOR NIGHT LIGHTS _____ **YES** _____ **NO**

EXTERIOR NIGHT LIGHTS _____ **YES** _____ **NO**

OWNER'S NAME _____

DRIVER LICENSE NUMBER _____

HOME ADDRESS _____

HOME PHONE _____

EMERGENCY PHONE _____

Building Inspection Department
P.O. Box 307
409 E. First Street
Prosper, Texas 75078
Phone: 972-346-3502