



250 W. First Street, Prosper, TX 75078
Phone 972-346-3502

Certificate of Occupancy Application

Permit #: _____

Please submit a copy of the State Sales Tax Certificate (if applicable) and the floorplan showing the area of the space and exterior door openings.
Incomplete application and/or submittal will delay the review process.

- New Occupancy
 Change of Ownership
 Business Name Change
 Clean and Show**

Name of Business (as to appear on Certificate of Occupancy) _____

Business Address _____ Suite _____

Contact Person _____ Business Phone _____

Emergency Contact (1) _____ Emergency Phone (1) _____

Emergency Contact (2) _____ Emergency Phone (2) _____

Business Owner Information:

Driver License Number _____

Name _____ Phone _____

Address _____ City _____

State _____ Zip _____ E-mail _____

Type of Business:	<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Office	<input type="checkbox"/> Restaurant
	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Warehouse
	<input type="checkbox"/> Auto Maintenance/Repair	<input type="checkbox"/> Other: _____	

Area (sq. ft.): _____ Dining Sq. ft.: _____ # of stories: _____ Avg. # of Employees: _____

Is an Electrical Release needed? Yes No If yes, select provider: GCEC Coserv Oncor

Is a Gas Release needed?* Yes No If yes, select provider: Coserv Atmos

*Please provide the Plumbing Company that is registered with the Town who will conduct a code-approved gas test:

Plumbing Contractor _____ Email _____

****In requesting a Clean and Show Certificate of Occupancy, I acknowledge that the approval of this Certificate of Occupancy only allows for the cleaning and showing of the space with the intent to secure a tenant, but in no way may the space be occupied for use.** Applicant's Initials: _____

I hereby certify that I have the authority to make the necessary application and that all information provided on this application is correct to the best of my knowledge.

Position: Business Owner Property Owner Leasing Agent Other: _____

Applicant / Agent Name (PRINT): _____

Applicant / Agent Signature: _____ Date: _____



Certificate of Occupancy Business Information Sheet

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Flood Zone: Yes No

<input type="checkbox"/> Yes	<input type="checkbox"/> No	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, quantities and MSDS sheets.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will hazardous or toxic chemicals such as, but not limited to, oxidizers, corrosive liquids, poisonous gases, radioactive, explosive, and organic materials be handled? If so, attach description, quantities and MSDS sheets.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will any of the following industrial processes be performed on the premises? Please select those that apply: <input type="checkbox"/> Manufacturing <input type="checkbox"/> Treating <input type="checkbox"/> Formulation/Mixing/Processing <input type="checkbox"/> Vehicle Washing
<input type="checkbox"/> Yes	<input type="checkbox"/> No	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	Will there be any spray painting on the premises?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	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	Will any form of wastewater pre-treatment be utilized at this location?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will any goods, merchandise or raw materials be stored or displayed outdoors?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will alcoholic beverages be sold?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will any sign be erected or changed?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will the facility be remodeled, renovated, or altered?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will any electrical or plumbing fixtures be installed or relocated?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will the building be equipped with a fire sprinkler system?

For Staff Use Only:

Planning Approval: _____ Date: _____

Zoning Classification: _____ Parking Provided _____

Occupancy Classification: _____ Construction Type: _____