



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

### Certificate of Occupancy Application

Permit #: \_\_\_\_\_ Date: \_\_\_\_\_

*Please submit this application along with a copy of the State Sales Tax Certificate (if applicable) and the floorplan of the area covered by this Certificate of Occupancy showing exterior door openings and the area of the space. 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 CO \_\_\_\_\_

Business Address \_\_\_\_\_ Suite \_\_\_\_\_

Contact Person \_\_\_\_\_ Business Phone \_\_\_\_\_

**Business Owner Information:**

Driver License Number \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

<b>Type of business:</b>	<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. (if applicable) \_\_\_\_\_ # 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

If gas is needed, please provide the registered plumbing company that 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 \_\_\_\_\_

Name (PRINT) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

<b><u>For Staff Use Only:</u></b>	
Planning Approval: _____	Date: _____
Zoning Classification: _____	Parking Provided _____
Occupancy Classification: _____	Construction Type: _____



Certificate of Occupancy Business Information Sheet

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Name of Business as to appear on CO \_\_\_\_\_

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 \_\_\_\_\_

Business Hours \_\_\_\_\_

Does building contain a safe? [ ] Yes [ ] No If Yes is selected, location: \_\_\_\_\_

Flood Zone [ ] Yes [ ] No Interior Night Lights [ ] Yes [ ] No

Burglar Alarm [ ] Yes [ ] No Exterior Night Lights [ ] Yes [ ] No

Form with 12 rows of questions regarding hazardous materials, industrial processes, waste, and safety features. Each row includes 'Yes' and 'No' checkboxes and a descriptive question.