



# CERTIFICATE OF OCCUPANCY APPLICATION

## BUILDING & COMMUNITY SERVICES

DATE \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

APPLICATION TYPE - **check one**

New Tenant

Name Change

Temporary Utility

Ownership Change

If Temporary Utility request, then reason for request: \_\_\_\_\_

*\*Temporary Utility Request are for 30 days. At the conclusion of 30 days the power and gas will be shut off unless a new permit has been established with the city or a C/O has been issued.*

BUSINESS ADDRESS \_\_\_\_\_ BUSINESS PHONE# \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ BUSINESS EMAIL# \_\_\_\_\_

SQ FOOTAGE OF OCCUPIED SPACE \_\_\_\_\_ # OF PARKING SPACES \_\_\_\_\_

IS BUILDING EQUIPPED WITH AN AUTOMATIC FIRE SPRINKLER SYSTEM? YES \_\_\_\_\_ NO \_\_\_\_\_

WILL FOOD OR ALCOHOL BE SERVED AND/ OR BE SOLD FOR CONSUMPTION ON OR OFF PREMISES?

NO \_\_\_\_\_ YES (EXPLAIN) \_\_\_\_\_

DETAILED DESCRIPTION OF PROPOSED BUSINESS/ PROPERTY USE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### TENANT INFORMATION

Name(s): \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City / ST / Zip \_\_\_\_\_

Fax #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### PROPERTY OWNER INFORMATION

Name(s): \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City / ST / Zip \_\_\_\_\_

Fax #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

\*Signing of this application does not authorize occupancy of the space and/or structure. If the premise is occupied before a Certificate of Occupancy is issued, the Owner/Applicant agrees that utilities will be disconnected without notice.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT NAME (Please Print): \_\_\_\_\_

401 S. ROGERS | P.O. BOX 757 | WAXAHACHIE, TX 75168 | (469)309-4020 | FAX (469)309-4023  
www.waxahachie.com | EMAIL: bcservices@waxahachie.com





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## ***BUILDING & COMMUNITY SERVICES***

### **APPLICATION APPROVAL PROCESS**

This Certificate of Occupancy (CO) Application needs to be completed in full, signed and dated; then can be submitted.

Applications are reviewed by the Planning Department to determine the zoning of the property and if the usage is allowable for the zoning district. Please allow a minimum of 10 working days for review.

Food establishments and/or food handling businesses are required to obtain a Food Establishments Permit from the Health Division of Building & Community Services.

### **REQUIRED INSPECTIONS**

#### **HEALTH INSPECTION** *(for food establishments and/or food handling businesses)*

A passing Health Inspection is required from the Health Division of Building & Community Services for food establishments. This inspection is scheduled through the Health Division of Building & Community Services. **(469)309-4138**

#### **FIRE INSPECTION**

A passing Fire Inspection is required from the Fire Marshal. This inspection is scheduled through Building Services in conjunction with the CO- Building Inspection. **(469)309-4023**

#### **CO - BUILDING INSPECTION**

A passing CO- Building Inspection is required from the Building Services Division of Building & Community Services. This inspection is scheduled through Building Services in conjunction with the Fire Inspection. **(469)309-4023**

### **REVOCAION OF CERTIFICATE OF OCCUPANCY**

The Building Official may, in writing, suspend or revoke a Certificate of Occupancy issued under the provisions of this ordinance whenever the Certificate of Occupancy is issued in error, or on the basis of incorrect information supplied, or when it is determined the building or structure or portion thereof is in violation of any code, regulation or ordinance.

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