



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
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BUILDING & COMMUNITY SERVICES

OFFICE USE ONLY

Use Classification: _____

Zoning: _____

Type of Construction: _____

Occupant Load: _____

Automatic Sprinkler System Required: Yes / No

of required parking spaces: _____

REVIEW APPROVAL

Planning Department: _____

Date of Approval: _____

INSPECTION APPROVAL

Health Inspection: _____

Date of Approval: _____

Building/ Fire Inspection: _____

Date of Approval: _____

COMMENTS



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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**

REVOCATION 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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