



## CERTIFICATE OF OCCUPANCY APPLICATION

### BUILDING INFORMATION

Building Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
Building Owner or Management Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email/Website: \_\_\_\_\_

### BUSINESS INFORMATION

New Business    Relocation    Expansion    New Owner    Name Change  
Business Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Sales Tax#: \_\_\_\_\_

### BUSINESS OWNER INFORMATION

Owner's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### GENERAL INFORMATION

Is this a new building?                       YES    NO  
    IF NO, will there be any remodel?       YES    NO  
Will signs be installed or refaced?       YES    NO  
Please check utilities to be released:       Electric       Gas               Water  
Choice of Garbage Service:               Bag service               Dumpster service  
Area of Building or Suite (ft<sup>2</sup>): \_\_\_\_\_  
Distribution of Area (ft<sup>2</sup>):  
 Kitchen: \_\_\_\_\_                       Office: \_\_\_\_\_  
 Manufacturing: \_\_\_\_\_               Sales Area: \_\_\_\_\_  
 Storage: \_\_\_\_\_                       Other: \_\_\_\_\_

### FOR OFFICE USE ONLY

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Fee: \_\_\_\_\_  
Zone: \_\_\_\_\_ Occ. Class: \_\_\_\_\_ Occ. Load: \_\_\_\_\_ Cons. Type: \_\_\_\_\_ SS Req.: Y / N  
Building Official: \_\_\_\_\_ Date: \_\_\_\_\_ Cert. #: \_\_\_\_\_

## LETTER OF INTENT

Please describe business, building to be occupied, surrounding site (parking, etc.) & any work to be done.

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## PROCEDURES

- 1) Once completed, the certificate of Occupancy Application, will be forwarded to the Community Development Department. The Building Inspector will verify that all pertinent information on the application is completed (any omitted information can greatly slow down the process) and that the business is suited for zoning of the property.
- 2) Upon approval, the applicant will be contacted to set up a building inspection. This inspection should happen within three(3) working days.
- 3) Once the building inspection is approved, the applicant may begin moving in equipment and setting up their business. All utilities should also be released at this time.
- 4) When applicant is ready to open for business, the fire department should be scheduled for a fire inspection. This inspection should also happen within thre(3) working days.
- 5) Upon approval from the fire inspector, the applicant will be given the Certificare of Occupancy. The applicant is then free to conduct business in the Town of Pantego.

## QUESTIONNAIRE

1. Are you enlarging an existing tenant space by combining suites, or portions of suites? Y or N

List lease spaces being combined: \_\_\_\_\_

2. Will you store, use, dispense or mix flammable or combustible liquids for purposes other than maintenance for operation of equipment? Y or N

IF YES, specify the type of product and the projected quantities. \_\_\_\_\_

\_\_\_\_\_

3. Will there be any spray painting or welding on premises? Y or N

Specify \_\_\_\_\_

4. Will you handle or use any hazardous or toxic chemicals such as, but not limited to, oxidizers, corrosive liquids, poisonous gases & radioactive materials? Y or N

IF YES, specify type & projected quantities \_\_\_\_\_

5. Will the principal use of the building or tenant space be used for storage? Y or N

IF YES, What materials will be stored? \_\_\_\_\_

What percentage will be used for storage? \_\_\_\_\_

How high will materials be stacked? \_\_\_\_\_

Will the materials be stored in racks? \_\_\_\_\_

6. Will the building be equipped with a fire sprinkler system or alarm system? Y or N

7. Will food or beverages be manufactured, packaged, stored, distributed, sold, or pre-  
pared in any manner other than vending machines? Y or N

8. Will alcoholic beverages be sold for consumption on the premises? Y or N

9. Will any goods, merchandise or raw material be stored or displayed outdoors? Y or N

10. Will used goods be sold on the premises? Y or N

11. Will you perform any of the following processes on the premises? Y or N

IF YES, please circle activities: \*Manufacturing \*Treating \*Washing Vehicle \*Formulation/Mixing/Processing

12. Will any liquid wastes be generated which are not disposed of in the sewer system? Y or N

13. Will any form of waste water pre-treatment be utilized at this facility? Y or N

IF YES, briefly describe \_\_\_\_\_

14. Will combustible dust be generated? Y or N

IF YES, describe system \_\_\_\_\_

I hereby certify that I have completed this questionnaire and know the same to be true and correct.

Printed name \_\_\_\_\_ Signature \_\_\_\_\_