



## 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: \_\_\_\_\_ Driver License # \_\_\_\_\_ State \_\_\_\_\_  
 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: \_\_\_\_\_  
 Zone: \_\_\_\_\_ Occ. Class: \_\_\_\_\_ Occ. Load: \_\_\_\_\_ Cons.Type: \_\_\_\_\_  
 Temporary Cert #: \_\_\_\_\_ Certificate #: \_\_\_\_\_ Fee: \_\_\_\_\_ Receipt #: \_\_\_\_\_  
 Building Official: \_\_\_\_\_ Date: \_\_\_\_\_ Fire Official: \_\_\_\_\_ Date: \_\_\_\_\_

**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. **\*NOTE\*** Effective June 1, 2018, applications that are approved by the end of the week (Friday), will be scheduled for inspection by the Building Inspector and the Fire Inspector, on the following Tuesday between 9:00am – 12:00pm.
- 3) Once the building and fire 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) Upon approval from the Building Official and the Fire Inspector, the applicant will be given the Certificate 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 fire 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 \_\_\_\_\_



# BUSINESS WEBSITE DIRECTORY ADD FORM

## BUSINESS INFORMATION

BUSINESS NAME: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

ADDRESS 1: \_\_\_\_\_ ADDRESS 2: \_\_\_\_\_

CITY: PANTEGO STATE: TX ZIP: 76013

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ SHOW EMAIL AS: \_\_\_\_\_

DESCRIPTION OF BUSINESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WEBSITE: \_\_\_\_\_

## BUSINESS DIRECTORY CATEGORIES

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Air Conditioning/Heating | <input type="checkbox"/> Outdoor Store             | <input type="checkbox"/> Architecture            |
| <input type="checkbox"/> Art School               | <input type="checkbox"/> Attorney                  | <input type="checkbox"/> Check Cashing           |
| <input type="checkbox"/> Auto                     | <input type="checkbox"/> Consulting                | <input type="checkbox"/> Arts - Crafts           |
| <input type="checkbox"/> Home Health              | <input type="checkbox"/> Beauty/Nail Salons        | <input type="checkbox"/> Books                   |
| <input type="checkbox"/> Bakery                   | <input type="checkbox"/> Cabinets/Woodworking      | <input type="checkbox"/> Church                  |
| <input type="checkbox"/> Catering Service         | <input type="checkbox"/> Chiropractor              | <input type="checkbox"/> Seamstress              |
| <input type="checkbox"/> Consignment              | <input type="checkbox"/> Home Health               | <input type="checkbox"/> Day Camp                |
| <input type="checkbox"/> Antiques                 | <input type="checkbox"/> Vision                    | <input type="checkbox"/> Electronics             |
| <input type="checkbox"/> Fast Food                | <input type="checkbox"/> Financial                 | <input type="checkbox"/> Furniture Sales         |
| <input type="checkbox"/> Contractor               | <input type="checkbox"/> Utility                   | <input type="checkbox"/> Grocery Store           |
| <input type="checkbox"/> Home Repair/Painting     | <input type="checkbox"/> Medical Supplies          | <input type="checkbox"/> Fitness                 |
| <input type="checkbox"/> Insurance                | <input type="checkbox"/> Internet Shopping/Service | <input type="checkbox"/> Jewelry/Jewelry Repair  |
| <input type="checkbox"/> Massage Therapists       | <input type="checkbox"/> Medical                   | <input type="checkbox"/> Mortgage Company        |
| <input type="checkbox"/> Movie Rentals/Sales      | <input type="checkbox"/> Dental                    | <input type="checkbox"/> Musical Instruments     |
| <input type="checkbox"/> Office Property          | <input type="checkbox"/> Sign                      | <input type="checkbox"/> Photography             |
| <input type="checkbox"/> Printers/Copying         | <input type="checkbox"/> Real Estate               | <input type="checkbox"/> Restaurant              |
| <input type="checkbox"/> Retailers Centers        | <input type="checkbox"/> Retail/Clothing           | <input type="checkbox"/> Retail/Specialty        |
| <input type="checkbox"/> School                   | <input type="checkbox"/> Storage                   | <input type="checkbox"/> Spa                     |
| <input type="checkbox"/> Sports                   | <input type="checkbox"/> Travel Agency             | <input type="checkbox"/> Swimming Pools/Supplies |
| <input type="checkbox"/> Telemarketing            | <input type="checkbox"/> Animal                    | <input type="checkbox"/> Management Company      |

ADD CATEGORY

\_\_\_\_\_  
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