



## CERTIFICATE OF OCCUPANCY APPLICATION

PERMIT No. \_\_\_\_\_

### OWNER AND BUSINESS INFORMATION

Name of Business: \_\_\_\_\_ Name of Owner: \_\_\_\_\_

Owner Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Building Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Building Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

What will the occupied space be used for?

(Please be specific) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PLEASE CHECK ALL OF THE FOLLOWING THAT ARE APPLICABLE TO YOUR BUSINESS:

- |  |  |
|--|--|
| <input type="checkbox"/> Food Products   | <input type="checkbox"/> Health Hazards  |
| <input type="checkbox"/> Day Care  | <input type="checkbox"/> Flammable or Combustible Liquids(10 Gallons or more ONLY) |
| <input type="checkbox"/> Explosives/Ammunition                                     | <input type="checkbox"/> Semi Conductor  |
| <input type="checkbox"/> Outdoor Storage or Display                                | <input type="checkbox"/> Spray Painting  |
| <input type="checkbox"/> Compressed Gases (LPG., Etc.)                             | <input type="checkbox"/> Welding or Open Flame                                     |
| <input type="checkbox"/> Dust Producing Equipment                                  | <input type="checkbox"/> Fireworks   |
| <input type="checkbox"/> Outdoor Vehicle Service                                   | <input type="checkbox"/> Car Wash  |
| <input type="checkbox"/> Poisonous or Hazardous Chemicals/Acids                    | <input type="checkbox"/> Reclaiming Waste Materials                                |
| <input type="checkbox"/> Ambulance transfer service (requires franchise agreement) | Total sq. ft. _____  |
| <input type="checkbox"/> Any Storage over 12 ft. high inside building?             | Total sq. ft. _____  |
| <input type="checkbox"/> Any storage over 15 ft. high inside building?             |  |

### APPLICANT ACKNOWLEDGEMENT AND SIGNATURE

This application shall be completely filled out by the applicant prior to any inspections. Final or conditional Certificate of Occupancy issued on the basis of incorrect information supplied on this application may be revoked. Signature of occupant's agent constitutes approval for City employees to enter the property for necessary inspections. **In any event, no business shall be conducted until the occupant receives a final or conditional C. of O.**

\_\_\_\_\_  
Contact Person Phone Number

\_\_\_\_\_  
Signature of Occupant or Occupant's Agent Date

For more information contact Susan Hargis  
PO Box 776 / 101 Bascom Road, Suite A, Whitehouse, Texas 75791  
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E: shargis@whitehousetx.org / www.whitehousetx.org

# Certificate of Occupancy Inspector's Information Sheet

**Owner or occupant must present this form to each inspector for completion. Once completed please return form to Development Services for processing to receive the Certificate of Occupancy.**

Is this a previously occupied structure?     Yes     No    Is this a change in occupancy?     Yes     No

If YES, what was the previous use of this building?

\_\_\_\_\_ Building Permit # \_\_\_\_\_

Type Construction: \_\_\_\_\_ Occupancy Type: \_\_\_\_\_

Zoning Classification: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**WILL A NEW SIGN BE INSTALLED FOR THIS BUSINESS?**     Yes     No

## **Fire Inspection (903) 510-7531**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

## **Health Department (if applicable) (903) 535-0030**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

## **Public Works & Utilities (if applicable)(must have fire prevention inspection approved) (903) 510-7509**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

## **Building Inspection (903) 510-7519**

Issued/Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Meter No. \_\_\_\_\_

**You are responsible for contacting the departments for inspection. The inspectors will list any violations that must be corrected before a Conditional or Final Certificate of Occupancy is issued.**

## **CERTIFICATE OF OCCUPANCY CHECKLIST OF MINIMUM REQUIREMENTS**

- A) Address posted on front of Business. Suggest 4 inch or larger in size, and contrasting in color So as to be easily visible from the street.
- B) A Fire Extinguisher located every 75 feet of travel distance throughout the Business. A Fire Extinguisher with a current tag from a licensed company, placement, proper amount and type.
- C) If a Food Establishment, the exhaust hood must to have a current Annual Certification Label Attached to the Fire Suppression system.
- D) The electrical service panel must have its cover and door in place, proper clearances (at least 3 feet), and without any holes or open spaces in the cover. Electrical outlets and fixtures shall be secure.
- E) All Exit doors must operate without difficulty. Exit lighting and egress lighting installed where needed.
- F) Exit door swing
- G) Appliances, e.g. furnaces, water heater, air conditioner, etc. will be checked for Code compliance, and proper distances between heaters and combustibles.
- H) Fire Sprinklers and Fire Alarms are operational, & inspected by a licensed company where required.
- I) MSDS sheets and proper storage for chemicals stored above a certain quantity.
- J) Fire lanes where required in good condition, striped properly and proper clearance (13 feet 6 inches).
- K) Compressed cylinders shall be properly stored and secured.
- L) Fire / smoke walls and rated doors for breaches and proper label.
- M) Any hazards deemed unsafe or needing attention.

**THIS DOES NOT CONSTITUTE A COMPLETE LIST OF INSPECTION REQUIREMENTS. THIS LIST IS DESIGNED FOR BASIC CO INSPECTION COMPLIANCE. OTHER CODE REQUIREMENTS MAY APPLY THAT ARE NOT LISTED THAT MAY RESULT IN A FAILED INSPECTION**

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# PRE-INSPECTION FIRE CHECKLIST

Fire inspectors look at many items in your place of business. So that you may have a better idea and understanding of what to keep an eye on in regard to maintenance, we have provided the following checklist:

## EXITS

- \_\_\_ Door/aisle is not obstructed. (36" clearance around all doors)(No combustible door coverings)
- \_\_\_ Illuminated exit signs maintained in working order.
- \_\_\_ Appropriate hardware on exit door. Means of egress kept clear. (Hallways clear)
- \_\_\_ No blocked windows (desks, bookshelves, furniture or fixtures) (36" clearance around all windows)
- \_\_\_ Emergency lights maintained and in working order.
- \_\_\_ Exit doors open easily. Doors with panic hardware shall have no other locking devices.
- \_\_\_ A sign over the main entrance, "This door \_\_\_ Maximum occupancy signage shall be posted in a conspicuous location and remain unlocked during business hours

## EXTINGUISHERS/FIRE PROTECTION EQUIPMENT

- \_\_\_ Minimum 2A10BC extinguisher(s) installed, unobstructed and securely mounted.
- \_\_\_ Extinguisher has been serviced within the past year and a new service tag is attached.
- \_\_\_ Class K extinguisher installed within 30' of hood and duct system.
- \_\_\_ Fire alarm system in proper working order – system tested annually and records available.
- \_\_\_ 18" clearance between storage and sprinkler head.
- \_\_\_ Sprinkler system shall be maintained and tested annually.
- \_\_\_ Standpipe shall be tested every 5 years and flows taken every three years.

## ELECTRICAL

- \_\_\_ No extension cords in use in place of permanent wiring.
- \_\_\_ Electrical panel is not overloaded or obstructed with 30" clearance in front.
- \_\_\_ No multi-plug adapters in use, other than approved power strips.
- \_\_\_ No spliced or frayed cords/wires.
- \_\_\_ Spacer(s) in electrical panel gap(s) provided.
- \_\_\_ Circuit breakers are labeled clearly.
- \_\_\_ No broken or faulty switch/outlets.
- \_\_\_ Electrical cords do not extend through walls, ceilings and floors.
- \_\_\_ No exposed wire in conduit, floors, under doors or floor coverings.
- \_\_\_ No missing/broken electrical cover plate(s).
- \_\_\_ No decorative lighting on or around doorway.

## APPLIANCES/MECHANICAL DEVICES

- \_\_\_ No propane used/stored in building.
- \_\_\_ All appliances are properly connected and vented.

## STORAGE/COMBUSTIBLE MATERIAL/HOUSEKEEPING

- \_\_\_ Flammable liquid properly stored.
- \_\_\_ Oil rags in con-combustible container with lid.
- \_\_\_ Compressed gas cylinders secured.
- \_\_\_ "No Smoking" signs installed as required.
- \_\_\_ Area around building free of combustible material
- \_\_\_ No combustible material stored near ignition (weeds, trash, boxes, etc.). source.
- \_\_\_ No storage shall be kept in exit stairways.
- \_\_\_ Fire and smoke walls shall be maintained and have fire department connection.

## MISCELLANEOUS

- \_\_\_ Fire lanes shall be approved by the fire department.
- \_\_\_ Rapid key entry box maintained by property owner
- \_\_\_ Charcoal grills, propane grills and/or other open-flame
- \_\_\_ Address numbers shall be posted in contrasting numbers

NOTE: This list is a general guideline only for common violations that can be readily determined by the occupant.