



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
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