

CERTIFICATE OF OCCUPANCY

Application

\$60.00 fee



Building Inspection Division
1505 Precinct Line Road
Hurst, Texas 76054

Permit# CO- _____

Office 817-788-7088 Fax 817-788-7074 Inspection Request 817-788-7096 Email permits@hursttx.gov

Information on the application, except the driver's license number, is public pursuant to the Texas Public Information Act, and may be listed on the city website and subject to requests for public information.

Reason for C/O:

new business to Hurst _____ new owner _____ change of name _____ change of location _____

Property Address: _____ Date of Application: _____

Business Name (dba): _____ Business Phone: _____

Business Email Address: _____ Sq Ft of lease space: _____

Type of Business: _____ Sales Tax #: _____

(Office, retail, manufacturing, warehouse, storage, fuel dispensing, etc.)

Company Owner (or Manager if Corporation):

Company Name _____ Email address _____

Name: _____

Address _____

City, ST, Zip Code _____

Phone Number _____ Driver License No. _____ DOB _____

Real Estate Property Owner:

PHOTO ID REQUIRED

Name _____

Address _____

City, ST, Zip Code _____ Phone Number _____

Does your business require a state license? _____ Yes or _____ No; If yes, please provide a copy.

Does your business involve the storage, sale, or use of any of the following: (if applicable)

FOOD PRODUCTS: _____ on premise, _____ take out, _____ drive-through window,
_____ cooking, _____ alcohol sales

Have plans been submitted to the Tarrant County Health Department? _____ Yes or _____ No

HAZARDOUS PRODUCTS: _____ painting, _____ welding, _____ vehicle repair,
_____ wood working, _____ dry cleaning, _____ hazardous materials storage,
_____ flammable or combustible materials, _____ explosives, _____ oxidizers

ZONING RELATED ISSUES: _____ outdoor storage of materials, _____ or vehicles _____ outdoor display of merchandise, _____ sale of used merchandise (brief description of used merchandise)

OFFICE USE ONLY:

Occupancy Group: _____ Construction Type: _____ Zoning: _____

Occupant Load (If assembly area): _____ Sprinkler required? _____

Approved by Building Inspector: _____ Date: _____

Approved by Fire Inspector: _____ Date: _____

Approved by Building Official: _____ Date: _____

Approved by Development/Zoning: _____ Date: _____

Certificate mailed _____ Date: _____



BUILDING PERMIT APPLICATION

TEMP POWER

DATE APPLIED: _____

PERMIT FEE: NO FEE

Job Address: _____

Tenant Name: _____

Phone: _____

Property Owner: _____

Phone: _____

REQUESTED INSPECTION DATE: _____

ELECTRICAL [] and/or GAS [] Power approval for my building

I understand that the electrical and/or gas installation must be inspected and certified to be in a safe condition and I agree that there will be no occupancy of this structure until final inspections have been made and passed. I intend to have the remaining work completed within the next _____ days.

Contractor Business Name: _____ Phone: _____

Contractor Email Address: _____

Mailing Address

State

Zip

I do understand that if violations of any portion of this agreement occur, power may be removed without notice and citations may be issued:

Applicant Name: _____ Phone: _____

Driver's License #: _____ Expiration Date: _____ Date Of Birth: _____

Applicant Email: _____

Signature: _____ Date: _____

(MUST BE LISTED ON CONTRACTOR REGISTRATION)

FOR OFFICE USE ONLY

APPROVAL BY: _____

DATE: _____