

DATE: _____
CO NO: (OFFICE USE ONLY)

CERTIFICATE OF OCCUPANCY APPLICATION



NAME OF BUSINESS (DBA)				STREET ADDRESS OF BUSINESS	
PROPERTY OWNER				ADDRESS	
CITY	ST	ZIP		PHONE NUMBER	EMAIL ADDRESS
MANAGER/OPERATOR OF USE OR BUSINESS				ADDRESS	
CITY	ST	ZIP		PHONE NUMBER	EMAIL ADDRESS
APPLICANT (if different from manager/operator)				ADDRESS	
CITY	ST	ZIP		PHONE NUMBER	EMAIL ADDRESS

DESCRIBE THE PROPOSED USE OF PROPERTY (attach additional sheets if necessary)

What is the square footage of the tenant space or building? _____ square feet

<input type="radio"/> YES	<input type="radio"/> NO	Is this a change in use of land, tenant space or building?	See Code Enforcement Department for plan submittal requirements.
<input type="radio"/> YES	<input type="radio"/> NO	Is the proposed use "personal services" (barber/beauty shop, shoe repair, tailor, instructional arts, laundry/dry cleaning pickup/dropoff, photo studio, handcrafted art work, etc.)?	Provide Personal Services Affidavit executed by business owner, see Code Enforcement Department for additional requirements.
<input type="radio"/> YES	<input type="radio"/> NO	Will potentially hazardous foods/open foods be sold and/or served?	Food Establishment Permit Application required (only available from City Staff)
<input type="radio"/> YES	<input type="radio"/> NO	Will alcohol be sold and/or served?	Provide completed Alcohol Measurement Certification Application Checklist and Alcohol Certification Affidavit Forms
<input type="radio"/> YES	<input type="radio"/> NO	Will there be a dance floor?	Annual license fee charged to businesses operating a place where dancing is allowed (subject to approval from Cameron Police, call 254-697-6564 for more information. Applications available from Code Enforcement at 100 S. Houston Ave, Mon-Fri 8am - 9:30AM & 1PM - 2:30PM or call 254-697-6361.)
<input type="radio"/> YES	<input type="radio"/> NO	Is the proposed use a doctor's office, dentist office or other medical office or health care office?	Application must execute Ambulatory Health Care Facility form attesting to new or pre-existing conditions & facts pertaining to the health care model for any doctor's, dentist, or other medical offices (except hospitals, emergency rooms, & care clinics).

I HAVE CAREFULLY READ THE COMPLETED APPLICATION AND KNOW THE SAME IS TRUE AND CORRECT AND HEREBY AGREE THAT IF A PERMIT IS ISSUED ALL PROVISIONS OF THE CITY ORDINANCES AND STATE LAWS WILL BE COMPLIED WITH WHETHER HEREIN SPECIFIED OR NOT. I AM THE OWNER OF THE PROPERTY OR THE DULY AUTHORIZED AGENT. PERMISSION IS HEREBY GRANTED TO ENTER PREMISES AND MAKE ALL INSPECTIONS. I ALSO AFFIRM THAT THE EMAIL ADDRESS GIVEN ABOVE MAY BE USED FOR OFFICIAL COMMUNICATION CONCERNING THIS APPLICATION AND PERMIT.

APPLICANT'S SIGNATURE	DATE
-----------------------	------

FOR OFFICE USE ONLY											
Change in Land Use?		<input type="radio"/> YES <input type="radio"/> NO		Change in Occupancy?		<input type="radio"/> YES <input type="radio"/> NO		Is Use nonconforming?		<input type="radio"/> YES <input type="radio"/> NO	
Previous CO Number:			Related Permit Number:			Related Project Number:					
ZONING					BUILDING			MISCELLANEOUS			
LAND USE	BASE ZONING	PD	SUP	CONSTRUCTION TYPE	OCCUPANCY	ACTIVITY	OWN				
LOT	BLOCK	REQ. PARKING	PROP. PARKING	SPRINKLER	OCCUPANT LOAD	FLOOD PLAIN	AIRPORT				
LOT AREA	CONSERVATION DIST.	PARKING AGREE.	DELTA CREDITS	STORIES	DWELLING UNITS	BDA	HISTORIC DISTRICT				
ROUTE TO	REVIEWED	DATE	COMMENTS			FEE CALCULATIONS (\$)					
PRESCREEN						CO APP FEE					
ZONING						CE INSP FEE					
BUILDING						HEALTH PERMIT APP FEE					
CODE						OTHER FEES					
OTHER:						TOTAL FEES					
						\$					

CERTIFICATE OF OCCUPANCY (CO) CHECKLIST



APPLICATION CHECKLIST AND REQUIRED DOCUMENTS

By checking each requirement, you are stating that you have supplied correct and complete information. In the event that the required information is not contained in the submitted documents, you will be notified of the deficiency. Failure to supply the additional requested information within five (5) working days after notification may result in your application being delayed and eventually discarded. A new application, the original application, complete plans and a new checklist will be required for re-submittal for plan review. This re-submittal will be treated as a new application and will be processed in the order of receipt. A Certificate of Occupancy does not authorize construction of any type.

SAME USE AS PREVIOUS USE - CERTIFICATE OF OCCUPANCY

- ☐ 1. Completed ~~Building Inspection Application~~.
- ☐ 2. Please read the **ADDITIONAL REQUIREMENTS OR SPECIAL PROVISIONS** section below.

CHANGE OF USE - CERTIFICATE OF OCCUPANCY

- ☐ 1. Completed ~~Building Inspection Application~~.
- ☐ 2. Please read the **ADDITIONAL REQUIREMENTS OR SPECIAL PROVISIONS** section below.
Submit two (2) sets of the following drawing documents drawn to a standard scale and fully dimensioned. All
- ☐ 3. drawing documents submitted for review must have a minimum text size of 3/32" and a minimum drawing sheet size of 11" x 17" and a maximum of 36" x 48", "E" size:
Site plan of the entire property showing all property lines and parking spaces. The site plan must show the location of the tenant space and the locations of all other tenant spaces on the property with their suite numbers.
Exception: Building floor key plan does not need to be to scale, but must show the location of the tenant space and all other tenant spaces on that floor. Identify tenant spaces by their suite number.
- ☐ Floor plan of the entire tenant space showing the areas to be occupied with each room identified as to its use.
- ☐ Provide a complete parking analysis for every tenant space on the property. List the type of business and the area in square feet of each tenant space, occupied or vacant, on the site plan.

ADDITIONAL REQUIREMENTS OR SPECIAL PROVISIONS

In addition to the requirements listed above for a CO, the following land uses will require additional information for review. Please schedule an appointment with a consultant for more information. A building permit may be required if there is no record of a permit previously issued to create the tenant space. Ask the property owner to contact this office for more information. A building permit and other trade permits may also be required as a result of the Certificate of Occupancy review.

- ☐ 1. Personal services (Examples include: barber/beauty shop, shoe repair, a tailor, an instructional arts studio, a photography studio, a laundry/cleaning pickup/receiving station, a handcrafted art work studio, etc.)
- ☐ Floor plan of the entire tenant space showing the areas to be occupied with each room identified as to its use. Show furniture on the same plan or you can provide a furniture plan on a separate floor plan sheet.

ADDITIONAL REQUIREMENTS OR SPECIAL PROVISIONS (CONTINUED)

- ☐ Signed and notarized Affidavit for Certificate of Occupancy from the business owner.
- ☐ If applicable, a copy of a state license from each employee providing the personal service.
- ☐ 2. Places of religious worship, theaters, dance halls, labor halls, commercial amusement uses, restaurants with a total area of 750 sq. ft. or greater and other assembly occupancies (Occupancy Groups A) as defined in the ?
 - ☐ Floor plan of the entire tenant space showing the areas in square feet of each different floor area to be occupied and its proposed occupant load factor in accordance with ?. Identify seating and dance areas, type of seating, standing room areas for lines and business or circulation areas.
 - ☐ Identify all exits and list type of door hardware and panic hardware used at each exit.
- ☐ 3. Warehouses, storage facilities and other storage occupancies (Group?) as defined in the ?.
 - ☐ Floor plan of the entire tenant spaces showing the areas in square feet of each different floor area designated
 - ☐ High-pile storage (storage over 12ft) will require engineered plans.
 - ☐ Provide a complete inventory and MSDS sheets for each different material, especially HAZMAT being stored as required in the ? or ?. Any material being stored above the quantity limits allowed by code may require a building permit for fire-rated construction and hazardous occupancy (Group ?).
- ☐ 4. Manufacturing facilities and other factory occupancies (Group ?) as defined in the ?.
 - ☐ Floor plan of the entire tenant space showing the areas in square feet of each different floor area designated for manufacturing, storage of raw materials and other uses.
 - ☐ Storage of commodities over 12 feet high is considered *High Piled Storage* . Racking systems (shelving) may only be installed with a building permit and requires engineered plans.
 - ☐ Provide a complete inventory and MSDS sheets for each different material, especially HAZMAT being stored as required in the ? or ?. Any material being stored above the quantity limits allowed by code may require a building permit for fire-rated construction and hazardous occupancy (Group ?).
- ☐ 5. Any land use requiring alcohol certification. Refer to *Alcohol Measurement Certification Application Checklist* .
- ☐ 6. If the new use includes areas where food/ice or beverages are manufactured, packaged, stored, distributed, sold or prepared excluding vending machines, then provide:
 - ☐ Two (2) sets of scaled floor plans showing equipment and plumbing fixtures layout including floor drains.
 - ☐ Two (2) sets of scaled plans showing finish schedules for floors, walls and ceilings.
 - ☐ Two (2) sets of menus and cut sheets of equipment being installed, if available.

NOTE: Additional information required by the Building Official may be necessary for the issuance of the permit (Section 18)

I, _____ have read the above information and acknowledge that all required documents have been provided.

Signature _____

Date _____

Please note that staff cannot accept incomplete applications or illegible plan review documents.