

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
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FOR OFFICE USE ONLY

Change in Land Use? YES NO Change in Occupancy? YES NO Is Use nonconforming? YES 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		
					\$		