



1900 CD Boren Pkwy (P)
 PO Box 159 (M)
 Fate, TX 75132
 (972) 771-4601 ext. 101
anabors@cityoffate.com

Application for Certificate of Occupancy

For CO application submittal requirements visit: <http://www.cityoffate.com/DocumentCenter/Home/View/553>

Application for Certificate of Occupancy (CO) is made to the Building Official authorizing the inspection of property at:

Business Address:		
Name of Business:		
Website:		
Date of Application:		
Occupants Name	Signature	Phone
Email	Address, City, State, ZIP	
Building Owner Name	Signature	Phone
Email	Address, City, State, ZIP	

Occupancy Information (ALL QUESTIONS MUST BE COMPLETED)

1. Will you be performing any of the below activities or processes on the premises?

MARK WITH AN 'X' ALL THAT APPLY

<input type="checkbox"/>	Assembly/Gathering/Worship	<input type="checkbox"/>	Grocery or Convenience Store	<input type="checkbox"/>	Painting or Coating
<input type="checkbox"/>	Bar Area/Alcohol Sales	<input type="checkbox"/>	Incineration	<input type="checkbox"/>	Parts or Vehicle Wash
<input type="checkbox"/>	Child Care/Day Care	<input type="checkbox"/>	Items Stacked Higher than 12 feet	<input type="checkbox"/>	Personal Services
<input type="checkbox"/>	Dance Floor/Hall	<input type="checkbox"/>	Medical/Dental	<input type="checkbox"/>	Restaurant
<input type="checkbox"/>	Drive-Thru/Drive-Up	<input type="checkbox"/>	Mixing or Processing	<input type="checkbox"/>	Retail Sales
<input type="checkbox"/>	Flammable/Combustible Liquids	<input type="checkbox"/>	Office	<input type="checkbox"/>	Sanding, Milling, Woodwork
<input type="checkbox"/>	Food Production	<input type="checkbox"/>	On-Site Sewage Facility	<input type="checkbox"/>	Storage
<input type="checkbox"/>	Grease Trap	<input type="checkbox"/>	Outside Display of Products	<input type="checkbox"/>	Warehousing

2. Do you plan to make any improvements to the building such as exterior painting, façade improvements, etc.? Yes No

If YES, describe scope of work:

Occupancy Information Continued	YES	NO
3. Will you store, use, dispense or mix flammable or combustible liquids for purposes? If YES, specify the (a) type of product and the (b) projected quantities (MSDS sheets must be submitted with app).		
4. Will you handle or use any hazardous or toxic chemicals such as, but not limited to, radioactive, explosive, or organic materials? If YES, specify (a) types & (b) quantities:		
5. Will the building need to have its electricity turned on?		
6. Are you occupying the entire building or lease space?		
7. Is the building or space currently vacant or is this a new building? Currently Vacant Currently Occupied New Building	N/A	
8. Will you be subleasing from an existing tenant?		
9. What is the area of the lease space (in square feet)? <i>sq. ft.</i>	N/A	
10. Does the building have a Fire <i>ALARM</i> System?		
11. Does the building have a Fire <i>SPRINKLER</i> System?		
12. How much of this space is intended for office purposes? 100% 75% 50% 25% Less than 25% Other: %	N/A	
13. If <u>OTHER THAN 100%</u> , how will the remaining space be used? If 100%, skip question.	N/A	
14. Provide a description of how the business will operate (e.g. what type of business activities will occur on-site, what business activities will occur off-site, if it's open to the public, whether sales are made on-site or in some other way, what type of services are rendered, if manufacturing or distribution will occur, etc.)	N/A	
15. Where does the most of your business occur? On-Site Off-Site 50/50 Split Other Split:	N/A	
16. What type(s) of clientele do you mostly do business with?	N/A	
17. Will business have on-site sales of merchandise/products (i.e. is it open to the public)?		
18. Will your business be using the space mostly for storage (i.e. you meet employees on-site, gather/load materials, then leave for a job site)? <i>Mostly means more than 50% of the time.</i>		
19. Will your business have a lobby or waiting area? If YES, what are the dimensions (e.g. 20' x 15'):		

Occupancy Information Continued				YES	NO	
20. Will food or beverages be manufactured, packaged, stored, distributed, sold or prepared in any manner other than vending machines?						
21. Will business store equipment, materials, and/or products <i>INSIDE</i> the building? If YES, describe (a) location and (b) dimensions (including height):						
22. Will business store equipment, materials, and/or products <i>OUTSIDE</i> the building? If YES, describe (a) location, (b) dimensions, (c) height of storage, and (d) how it will be screened:						
23. Will any goods, merchandise or raw materials be <i>DISPLAYED</i> outdoors? If YES, describe (a) what will be displayed, (b) its location, (c) dimensions, & (d) time of removal:						
24. Are the parking spaces <i>PAVED</i> ?						
25. Are the parking spaces <i>STRIPED</i> ? If YES, how many?						
26. Does your business sell vehicles, motorcycles, ATV's, trailers, RV's? If YES, what type(s)?						
If YES, is inventory New, Pre-Owned, or both?				New	Pre-Owned	Both
If BOTH, what is the % of new vs. pre-owned?				% New	% Pre-Owned	
27. Does your business service or repair vehicles or install equipment and accessories into/on vehicles? If YES, describe operations:						
28. Will business have any signage (if yes, a sign permit is required prior to sign installation)? For sign permit application submittal requirements click: http://www.cityoffate.com/DocumentCenter/Home/View/98						
29. What hours of operation will the business have? Days: _____ Hours: _____				N/A		
30. How many employees will the business have? # Full-Time # Part-Time				N/A		

Former Tenant Information (MUST BE COMPLETED)	
A. What was the business name of the previous tenant?	
B. What type of business was the previous tenant (if unknown, contact leasing agent or building owner to determine)?	
C. When did the previous tenant start <u>AND</u> end occupying this location (month, year)? Start: _____ End: _____ Do you have a copy of the lease or City-issued CO for the previous tenant (if no, contact leasing agent or building owner to determine)? Yes No **If yes, please submit with app	



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Your CO Application You Must Include:

Floor Plan

Site Plan

\$35.00 Non-Refundable Processing Fee

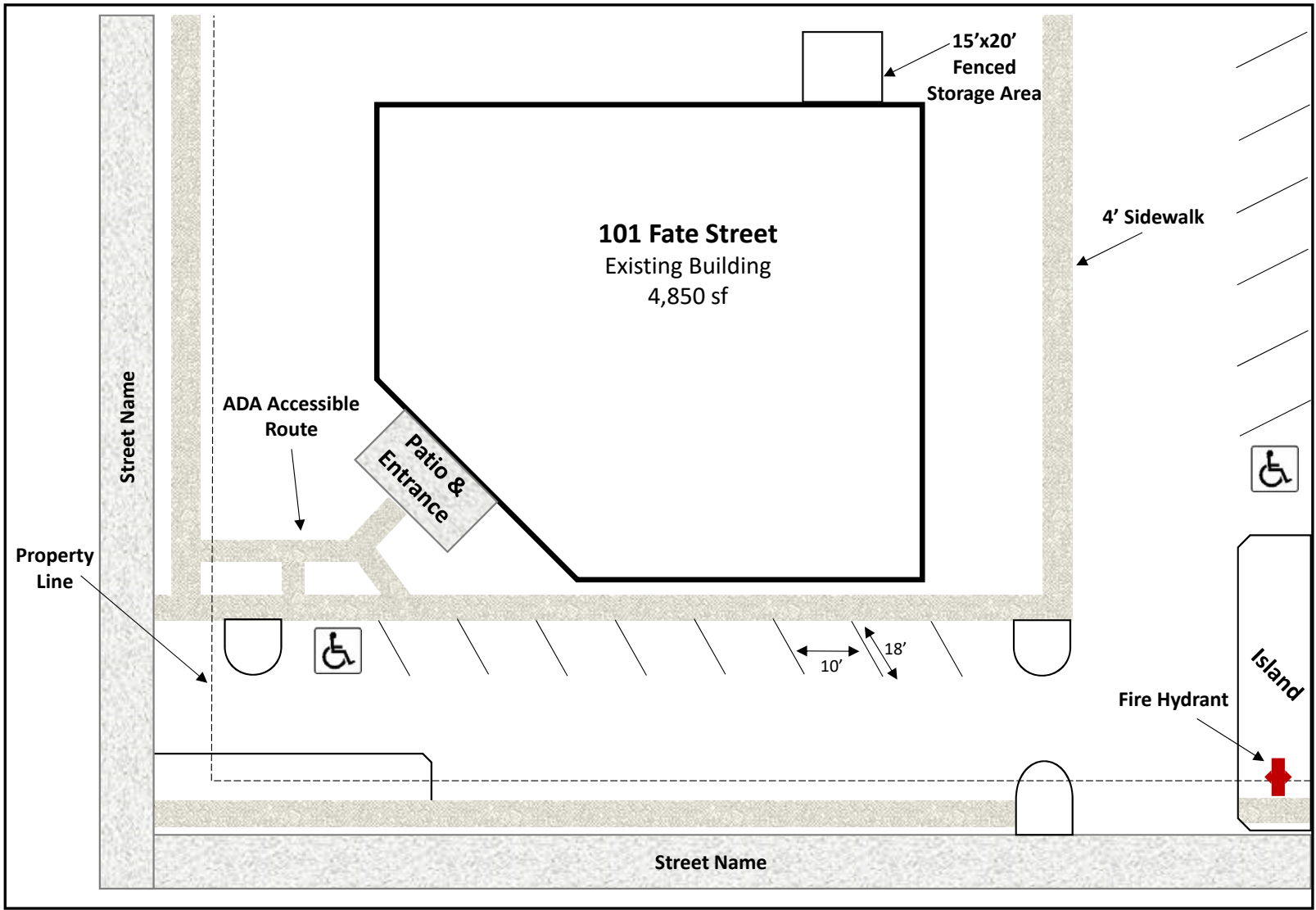
(remaining \$165 CO fee due upon application approval)

**** Provided on Following Pages for Reference****

Example Floor Plan and Site Plan

For info on CO application procedures, required inspections, & answers to common questions visit

<http://www.cityoffate.com/DocumentCenter/Home/View/553>



North

Address.
101 Fate St.

Total Lot Area.
8,412 sf

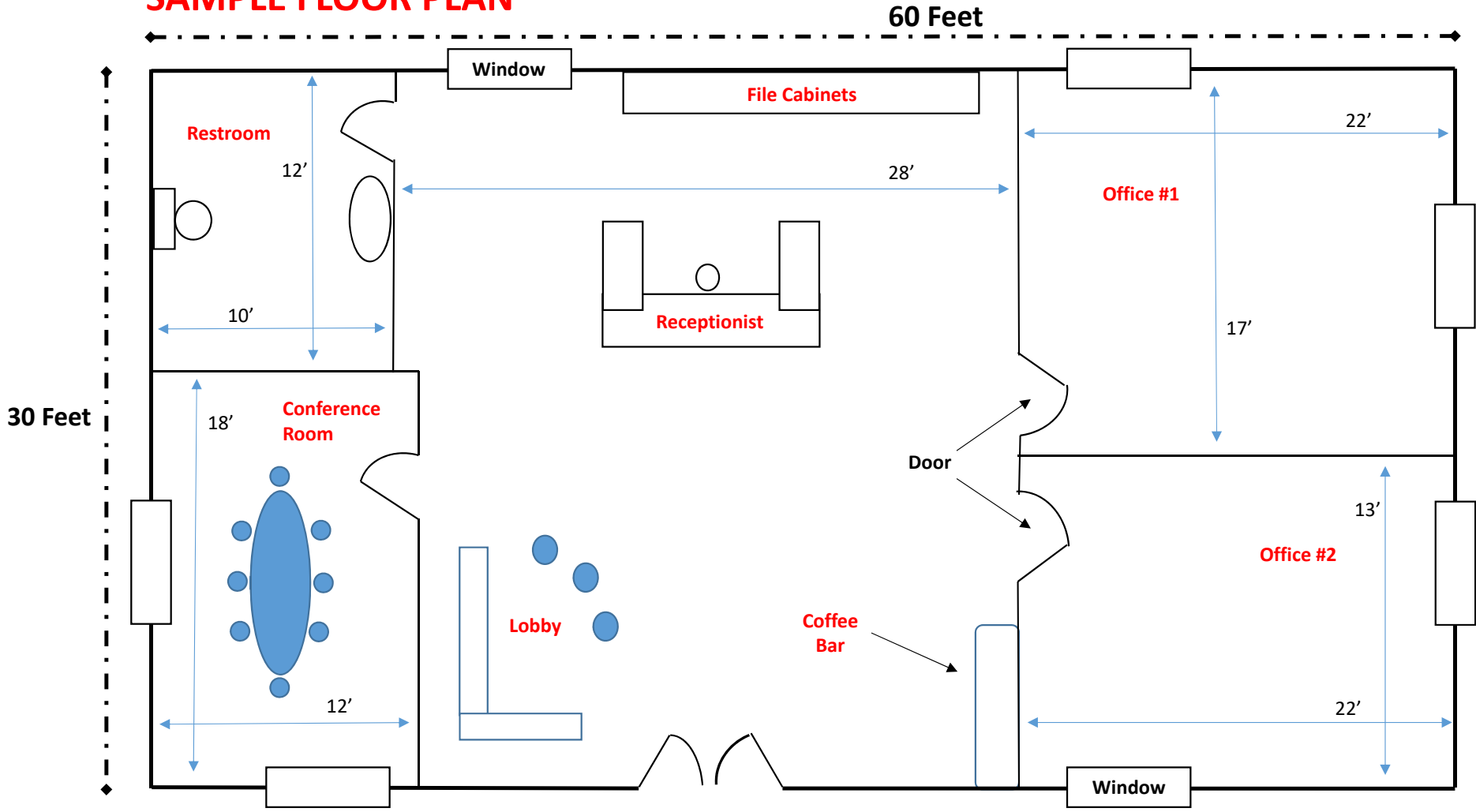
Total Parking Spaces
15 Spaces

**Sample Site
Plan
Diagram**

CO
Application



SAMPLE FLOOR PLAN



OFFICE USE ONLY

Occupancy Classification:	Zoning District:
Construction Type:	Parking Schedule:
Occupant Load:	Parking Calcs:
Food Permit Required? Yes No	Parking Spaces Req:
Food Certificate Required? Yes No	Parking Spaces Provided:

Planning & Zoning				
Planning & Zoning	Approve	Deny	Initials:	Date:
Use is	Conforming	Non-Con	Initials:	Date:
Structure is	Conforming	Non-Con	Initials:	Date:

Building Inspections				
Building Inspections	Approve	Deny	Initials:	Date:

Fire Department				
Fire Department	Approve	Deny	Initials:	Date:

Comments

Conditions