



Phone: (817) 866-3395

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304 E. Criner Street
Grandview, Texas 76050

Certificate of Occupancy Application

Project Information	Permit # _____
Name/Description: _____	
Project Address: _____ Sq. Ft. _____	
Lot: _____ Block: _____ Subdivision: _____	
INTENDED USE OF SPACE: _____	

Owner Information			
Company Name: _____	Email address: _____		
Street Address: _____			
Phone Number: _____	Fax Number: _____	Mobile Number: _____	

Tenant Information			
Company Name: _____	Contact Person: _____		
Street Address: _____			
Phone Number: _____	Fax Number: _____	Mobile Number: _____	

Does your business involve the storage, sale or use of the following: (Check all that apply)

<input type="checkbox"/> Painting with flammables	<input type="checkbox"/> Dry Cleaning Solvents	<input type="checkbox"/> Flammable/combustible liquids (10 gallons or more)	<input type="checkbox"/> Alcohol
<input type="checkbox"/> Combustible Fibers	<input type="checkbox"/> Dust producing process	<input type="checkbox"/> Floor drains in building	<input type="checkbox"/> Smoking
<input type="checkbox"/> Cellulose Nitrate Film	<input type="checkbox"/> Explosives/Ammunition	<input type="checkbox"/> Food and/or beverage processing, storage or sales	<input type="checkbox"/> Fireworks
<input type="checkbox"/> Compressed Gas	<input type="checkbox"/> Recycling Waste	<input type="checkbox"/> Food products	
<input type="checkbox"/> Liquid Propane Gas	<input type="checkbox"/> Magnesium	<input type="checkbox"/> High piled stock (over 12' in height)	
<input type="checkbox"/> Vehicle Repair Garage	<input type="checkbox"/> Vehicles in Buiding	<input type="checkbox"/> Poisonous or hazardous chemicals/acids	
<input type="checkbox"/> Welding or Cutting	<input type="checkbox"/> Woodworking	<input type="checkbox"/> X-ray Development	

****Provide chemical data sheets to the Building Inspection Department listing the maximum quantity of all hazardous materials.****

List any material discharged into the drainage system, ground, or atmosphere: _____

A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

All permits require final inspection. No temporary Certificate of Occupancy will be issued.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY:

Approved By: _____	Date Approved: _____
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Total Occupancy for Building: _____
Zoning District: _____

CO Fee: _____
Check # or Cash: _____
Issued By: _____
Issued Date: _____

Comments: _____

BV Project # _____