



CERTIFICATE OF OCCUPANCY APPLICATION

Property Information (Complete all that apply)

Business Name:			Permit Fee \$50.00
Business Address:			Suite #
Mailing Address:	City:	State:	Zip Code:
Type of Business:	Business Phone:		Fax:
Description of Use:	Hours of Operation:	Email:	

Office/Retail/Wholesale/Service/Manufacturer/etc.

Use of Hazardous Chemical:	<input type="checkbox"/> Rack Storage	<input type="checkbox"/> Welding/Cutting	<input type="checkbox"/> L.P.G. Use
----------------------------	---------------------------------------	--	-------------------------------------

Total Sq. Ft. of Building/Space:	# of Employees		
Name of Business Owner:			
Business Owner's Address:	City:	State:	Zip Code:
Emergency Phone # for Business:			
Owner of Building:			
Building Owner's Address:	City:	State:	Zip Code:
Property Owner			
Property Owner's Address:	City:	State:	Zip Code:

****Provide Copy of State of Texas Sales Tax Certificate****

Check Applicable Boxes Below (Check all that apply)

Is this a new building or a building addition? <input type="checkbox"/> Yes or <input type="checkbox"/> No		Any plans to remodel? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
<input type="checkbox"/> New Business	<input type="checkbox"/> Name Change	<input type="checkbox"/> Owner Change	<input type="checkbox"/> Change of Location
<input type="checkbox"/> Lost	<input type="checkbox"/> Non Conforming Use Within City		

I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. FALSIFIED INFORMATION MAY RESULT IN THE REVOCATION OF THIS CERTIFICATE OF OCCUPANCY AND THE ISSUANCE OF MUNICIPAL CITATIONS. (INCOMPLETE APPLICATION MAY NOT BE ACCEPTED).

Signature of Business Owner/Manager/Agent

Print Name Clearly

Applicant's Drivers License # / State

Applicant's Date of Birth

Email Address:

NOTE: Please allow seven (7) business days for processing and initial inspections.

OFFICIAL USE ONLY:

Zoning:	S.U.P. <input type="checkbox"/> Yes or <input type="checkbox"/> No	UBC Class:		
SIC #:	Const. Type:	Roofing Cover:	Parking Req'd:	Permit #
Zoning/Planning:				
Building Official:				
Fire Marshal's Inspection:		Inspector		
Building Inspection:		Inspector		
Health Inspection:		Inspector		
Engineering Inspection:		Inspector		
STC REPRESENTING CITY OF EULESS ID #		RECEIVED <input type="checkbox"/> Yes or <input type="checkbox"/> No		
Contact Information or notes to Inspector(s):				
City Contact Number(s):		Bldg. Dept. (817) 685-1630	Fire Dept. (817) 685-1600	
Date Paid:		Receipt #:	Received by:	
Electric Release:		Gas Release:	Water Release:	
Date Entered:		Date Mailed:	Entered by:	

Form Updated 01/2011