
**City of Colleyville
Community Development Department**

Certificate of Occupancy Application



Certificate of Occupancy Application Process

Please note that submittal of your Certificate of Occupancy Application does not indicate that your application has been approved or that you are permitted to open for business. The following is a timeline of the application process:

1. Application submittal
2. Review of proposed business plans
3. Based on approval -\$100.00 is due before inspections will be scheduled
4. Inspections will be scheduled (Building, Fire, Public Works)
5. Once **all** inspections have passed, you will be issued a Certificate of Occupancy.

Please note the following Code of Ordinance Regulation:

Chapter 18 – Buildings and Building Regulations

Article IX- Vacant Commercial Buildings

Sec. 18-315. - Registration of vacant buildings.

(a)

All non-residential buildings that remain vacant for a period of 90 days or more shall be registered with the building official. Registration shall include the name, address and telephone number of the property owner and a contact person.

(b)

The building official, or his representative, shall send written notice to the address of the property owner as shown on the tax rolls advising the property owner to comply with the registration requirements of this section and to comply with the requirements of this article within 30 days after receipt of notice.

APPLICATION FOR A CERTIFICATE OF OCCUPANCY



Part 1. Business Location Information		Part 2. Business Owner Information	
Name of business:		Name of business owner:	
Business street address:		Business owner street address:	Drivers License #:
Contact person:	Telephone of business:	City / State / Zip Code:	
Email:	After-hours telephone:		

Part 3. Description of Business Activity		
a. Type of C/O:	b. Business Info:	c. Type of business:
<input type="checkbox"/> New occupancy	<input type="checkbox"/> # of employees _____	<input type="checkbox"/> Retail Sales
<input type="checkbox"/> Change of ownership	<input type="checkbox"/> square footage _____	<input type="checkbox"/> Wholesale
<input type="checkbox"/> Change of bus. name	<input type="checkbox"/> Bus. Hours: _____	<input type="checkbox"/> Auto Maint./ Repair
		<input type="checkbox"/> Office
		<input type="checkbox"/> Manufacturing
		<input type="checkbox"/> Restaurant
		<input type="checkbox"/> Warehouse
		<input type="checkbox"/> Other: (describe) _____

d. Check Yes or No to the following questions:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	1. Will flammable or combustible liquids be stored, used, mixed or dispensed at this location, other than for maintenance or for operation of equipment? If so, attach description and quantities and attach MSDS sheets.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	2. Will hazardous or toxic chemicals such as, but not limited to, oxidizers, corrosive liquids, poisonous gases, radioactive, explosive, and organic materials be handled? If so, attach description and quantities and provide MSDS sheets.
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	3. Will any of the following industrial processes be performed on the premises? If so, please circle the applicable activities. <div style="text-align: center; margin-top: 5px;"> <u>Manufacturing</u> <u>Treating</u> <u>Formulation/Mixing/Processing</u> <u>Vehicle Washing</u> </div>
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	4. Will any liquid wastes or sludge be generated which are not disposed of in the sewer system?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	5. Will there be any spray painting on the premises?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	6. Will food or beverages be manufactured, stored, distributed, sold or prepared in any manner other than vending machines?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	7. Will any form of waste water pre-treatment be utilized at this location?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	8. Will any goods, merchandise or raw materials be stored or displayed outdoors?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	9. Will alcoholic beverages be sold?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	10. Will any sign be erected or changed?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	11. Will the facility be remodeled, renovated, or altered?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	12. Will any electrical or plumbing fixture be installed or relocated?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	13. Will the building be equipped with a fire sprinkler system?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	14. Does the building contain a safe? If so, what is the location of the safe? _____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	15. Does the building have a burglar alarm?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	16. Does the building have interior lights?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	17. Does the building have exterior lights?

e. Submit the following items:

<input type="checkbox"/> A copy of the State Sales Tax Certificate. Sales Tax # _____	<input type="checkbox"/> Description of Proposed Business
<input type="checkbox"/> A floorplan must be submitted with this application, unless a current floor plan is on file with the Building Insp. Office.	

I hereby certify that the foregoing information is correct to the best of my knowledge.

Date: _____

Your name (Printed Name): _____ Signature: _____

f. Check which is applicable:

<input type="checkbox"/> I am the business owner	<input type="checkbox"/> I am the property owner	<input type="checkbox"/> I am the leasing agent	<input type="checkbox"/> Other _____
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Fire Department Requirements:

- Minimum of one 10 pound ABC extinguisher hung on the wall 3' – 5' from the ground in plain view with an inspection tag dated less than one year from the inspection date.
- Address for building clearly visible from the roadway using at least 6" numbers.
- All suites numbered accordingly. (If applicable)
- All breakers clearly labeled and all blank position covered properly in the electrical panel.
- Electrical panes are accessible to the fire Department and clear of all obstructions.
- Illuminated exit signs over all exits if business is to be open after dark. All exists free from obstructions inside and outside.
- Appropriate fire alarm and sprinkler system tests completed an inspection tagged. (If applicable)
- Knox 2.5" Fire Department Connection caps installed. (If applicable)
- Fire lanes clearly marked around building.
- Knox box must be installed in acceptable location with building keys inside. (If applicable)
- Vent Hood system tagged and inspected. (If applicable)
- All ceiling tiles must be in place with no openings to the attic area.
- No storage within three feet of electrical panes or water heater.

Please ensure all of the above listed items have been completed prior to calling for a final certificate of occupancy inspection from the Fire department. If you have questions as to whether certain items affect your facility, please contact the Fire Marshal to verity at **817.581.4591**. Failure to ensure all items appropriate to your facility are complete prior to calling for inspection can result in additional re-inspection fees from the City.