

CITY OF TERRELL
P.O. Box 310~201 E. Nash
Terrell, TX 75160
(972) 551-6606 / Fax – (972) 551-6677
CERTIFICATE OF OCCUPANCY APPLICATION

(ALL INFORMATION MUST BE COMPLETED)

Business Name: _____ **Business Phone:** _____
(Doing business as)

Business Address: _____

New Business **Ownership Change** **Business Name Change** **CO to show**

Proposed Use: _____

Remodel: Yes () No () **Description:** _____

Tax ID# _____ **Obtain Certificate by:** () *Mail* () *Pick up*

Business Owner Information:

Name: _____ **Phone:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Property Owner Information:

Name: _____ **Phone:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Does your Business involve storage, sale, or use of the following:

<i>Flammable or combustible Liquids (10 gal. or more)</i>	Yes () No ()
<i>Alcohol Sales/ on-site consumption</i>	Yes () No ()
<i>High piled storage of combustible items</i>	Yes () No ()
<i>Dust producing equipment or materials</i>	Yes () No ()
<i>Compressed gasses or Lp Gas</i>	Yes () No ()
<i>Explosives, Ammunition or Fireworks</i>	Yes () No ()
<i>Magnesium or Paint/Flammable Materials</i>	Yes () No ()
<i>Poisonous or Hazardous Chemicals or Acids</i>	Yes () No ()

DEPARTMENT USE ONLY

Zoning: _____ **Zoning Checked By:** _____ **Date Paid \$35.00** _____

Inspector: _____ **Approved** () **Denied** () **Parking Required:** _____ **Plan Review:** _____

Occupancy Load: _____ **No. of Exits Required:** _____ **Construction Type:** _____

Backflow Protection: Yes () No () **Asbestos:** Yes () No () **C.O. Permit #:** _____

Grease Trap: Yes () No () **Capacity:** _____ **Fire Sprinkler:** Yes () No ()

Industrial Waste Form: Yes () No () **Health Inspection Required:** Yes () No ()

(Note: This form is subject to Open Records Requests)

Requirements for C/O Inspections

(covers most cases)

BUILDING INSPECTOR:

- RPV Valve
 - Water heater having thermal expansion tank
 - Electrical panel that is sealed, labeled, intact, and grounded
 - Health and hazard issues
 - All equipment for business in place
 - Other: _____
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FIRE MARSHAL:

Retail -

- 5 lb. ABC tagged fire extinguisher (minimum of one)
- Address numbers readable from road
- Exit signs (occupants of more than fifty people)

Restaurant -

- All of the above
 - Tagged fixed hood system (grease laden vapors)
 - 20 rated BC portable fire extinguisher or Special K (grease laden vapors)
 - Occupancy Content
 - Grease Trap Ordinance Compliance Required.
- Other: _____
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