



CERTIFICATE OF OCCUPANCY APPLICATION

BUILDING INSPECTIONS

DATE RECEIVED _____

PERMIT NO. _____

APPLICATION TYPE - check only one

- New Tenant
- Clean and Show
- Altering Sq Footage
- Name Change
- Ownership Change
- Shell Building

BUSINESS ADDRESS _____ BUSINESS PHONE# _____

BUSINESS NAME _____ BUSINESS EMAIL _____

SQ FOOTAGE OF OCCUPIED SPACE _____ # OF PARKING SPACES _____

IS BUILDING EQUIPPED WITH AN AUTOMATIC FIRE SPRINKLER SYSTEM? YES _____ NO _____

WILL FOOD OR ALCOHOL BE SERVED AND/ OR BE SOLD FOR CONSUMPTION ON OR OFF PREMISES?

NO _____ YES (EXPLAIN) _____

WILL CHILD OR ADULT DAYCARE BE CONDUCTED IN THIS BUILDING OR SUITE: YES _____ NO _____

IS THIS BUILDING/SUITE EQUIPPED WITH: Electric Gas **Clean and Show: 30 days only release for power** _____

IF AVAILABLE THE PREVIOUS CERTIFICATE OF OCCUPANCY MUST BE TURNED IN. IF NOT TURNED IN, THIS APPLICATION WILL BE CONSIDERED A CHANGE OF USE.

DETAILED DESCRIPTION OF PROPOSED BUSINESS/ PROPERTY USE:

TENANT INFORMATION

Business Owner: _____

Home Phone #: _____

Home Address: _____

City / ST / Zip _____

E-Mail: _____

PROPERTY OWNER INFORMATION

Name(s): _____

Phone #: _____

Address: _____

City / ST / Zip _____

E-Mail: _____

Emergency Contact and Phone Number _____

Taxpayer Identification Number or Tax Exempt # _____

*Signing of this application does not authorize occupancy of the space and/or structure. If the premise is occupied before a Certificate of Occupancy is issued, the Owner/Applicant agrees that utilities will be disconnected without notice.

APPLICANT SIGNATURE: _____ DATE: _____

APPLICANT NAME (Please Print): _____

911 WINSCOTT | P.O. BOX 26569 | BENBROOK, TX 76126 | (817)249-3000
www.benbrook-tx.gov | EMAIL: buildinginspections@benbrook-tx.gov



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BUILDING INSPECTIONS

OFFICE USE ONLY

Use Classification: _____

Zoning: _____

Type of Construction: _____

Occupant Load: _____

Automatic Sprinkler System Required: Yes / No

of required parking spaces: _____

Previous Certificate of Occupancy Submitted: Yes / No

Planning Dept. Non-Conforming Property: Yes / No

Planning Dept. Non-Conforming Use: Yes / No

Building Insp. Existing Non-Conforming: Yes / No

REVIEW APPROVAL

Planning Department: _____

Date of Approval: _____

Building Inspections: _____

Date of Approval: _____

INSPECTION APPROVAL

Fire Inspection: _____

Date of Approval: _____

Building Inspection: _____

Date of Approval: _____

BWA Inspection: _____

Date of Approval: _____

COMMENTS

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