

# CERTIFICATE OF OCCUPANCY

Application

\$50.00 fee



Building Inspection Division  
1505 Precinct Line Road  
Hurst, Texas 76054  
817-788-7088 Office 817-788-7074 Fax 817-788-7096 Inspection requests

Permit# CO- \_\_\_\_\_

Information on the application, except the driver's license number, is public pursuant to the Texas Public Information Act, and may be listed on the city website and subject to requests for public information.

**Reason for C/O:**

new business to Hurst \_\_\_\_\_ new owner \_\_\_\_\_ change of name \_\_\_\_\_ change of location \_\_\_\_\_

Property Address: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Company Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Sales Tax # \_\_\_\_\_

(Office, retail, manufacturing, warehouse, storage, fuel dispensing, etc.)

**Company Owner or Franchisee or Manager:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, ST, Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Driver License No. \_\_\_\_\_

**Real Estate Property Owner or Manager:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, ST, Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Does your business require a state license? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide a copy.

Does your business involve the storage, sale, or use of any of the following: (✓if applicable)

**FOOD PRODUCTS:** on premise, \_\_\_\_\_ take out, \_\_\_\_\_ drive-through window, \_\_\_\_\_ cooking, \_\_\_\_\_ alcohol sales \_\_\_\_\_.

Have plans been submitted to the Tarrant County Health Department? Yes \_\_\_\_\_ or No \_\_\_\_\_

**HAZARDOUS PRODUCTS:** painting, \_\_\_\_\_ welding, \_\_\_\_\_ vehicle repair, \_\_\_\_\_ wood working, \_\_\_\_\_ dry cleaning, \_\_\_\_\_ hazardous materials storage, \_\_\_\_\_ flammable or combustible materials, \_\_\_\_\_ explosives, \_\_\_\_\_ oxidizers \_\_\_\_\_.

**ZONING RELATED ISSUES:** outdoor storage of materials \_\_\_\_\_ or vehicles \_\_\_\_\_, outdoor display of merchandise, \_\_\_\_\_ sale of used merchandise (brief description of used merchandise)

Square footage of lease space: \_\_\_\_\_

**OFFICE USE ONLY:**

Occupancy Group: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Zoning: \_\_\_\_\_

Occupant Load (If assembly area): \_\_\_\_\_ Sprinkler required? \_\_\_\_\_

Approved by Building Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Fire Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Building Official: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Development/Zoning: \_\_\_\_\_ Date: \_\_\_\_\_

Certificate mailed \_\_\_\_\_ Date: \_\_\_\_\_