

Certificate of Occupancy Application



Permit Number: _____

*****Please Fill Out Application Thoroughly. Missing Sections Will Delay your Permit*****

Site Information			
Property Address:		Suite #	Name of Business:
Reason for CO:		Business Use:	
<input type="checkbox"/> New Building <input type="checkbox"/> Alteration/Remodel <input type="checkbox"/> New Business in Existing Space <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Name		<input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Service <input type="checkbox"/> Wholesale <input type="checkbox"/> Religious <input type="checkbox"/> Office <input type="checkbox"/> Industrial <input type="checkbox"/> Other	
		Total Sq. Ft.:	
		Restaurant Dining Area Sq. Ft.:	
Business Information:			
Business Owner:		DBA:	
Contact Name:		Contact Email:	
Mailing Address:		Office #:	
City/State:	Zip:	Cell #:	
Description of Business (Services/operation of business):			
Responsible Parties			
Building Owner:		Office #:	Cell #:
Address:		Zip:	
City/State:		Email:	
<p>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. APPLICATION WILL EXPIRE AFTER SIX (6) MONTHS OF INACTIVITY (INCOMPLETE APPLICATION MAY NOT BE ACCEPTED).</p> <p>***ONCE YOU HAVE COMPLETED YOUR ELECTRICAL INSPECTION PLEASE CALL OUR OFFICE TO SET UP A C/O WALK-THRU @ 903-465-2720***</p>			
RESPONSIBLE PARTY/TENANT NAME:		SIGNATURE:	
<i>(Must be completed by Tenant/Business Owner NOT Contractor)</i>			
CONTACT PHONE:		DRIVERS LICENSE #/STATE:	DATE:
BELOW IS FOR OFFICE USE ONLY			
RECEIVED BY:			
FEE PAID:		APPROVED BY:	DATE:
OCCUPANCY LOAD:	CONSTRUCTION TYPE:	FIRE SPRINKLER: <input type="checkbox"/> Yes <input type="checkbox"/> No	OCCUPANCY TYPE:

Building Department
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