



CERTIFICATE OF OCCUPANCY APPLICATION

Date Submitted _____	<p align="center">PLEASE NOTE THE FOLLOWING:</p> <ul style="list-style-type: none"> • This application must be completed in full, signed, and dated prior to being processed. • Once application is accepted the application is valid for a period of ninety (90) days. Any space to be occupied that has not fulfilled the requirements for issuance of a Certificate of Occupancy within that time period will be required to complete a new application. • A copy of the State of Texas Sales Tax Certificate must be submitted with this application for any appropriate business. A photocopy of a valid Driver's License is also required. • The application fee for a Certificate of Occupancy is \$50.00 as per Section 30-13 of the Euless Code of Ordinances. The fee is due at the time of application. • Please allow seven (7) business days for processing and initial inspections.
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Certificate of Occupancy Type:	<input type="checkbox"/> New Business <input type="checkbox"/> Owner Change <input type="checkbox"/> Name of Business Change <input type="checkbox"/> Change of Location <input type="checkbox"/> Temporary (For Use of Electric Release) - Date of Revocation: _____
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BUSINESS OWNER / BUSINESS INFORMATION

Business Name: _____

Business Address: Street _____ Suite _____

Business Mailing Address: Street _____ Suite _____

City _____, State _____, Zip Code _____ - _____

Name of Business Owner: _____

Business Owner's Address and Contact Information:

Street _____ Suite _____

City _____, State _____, Zip Code _____ - _____

Office phone () _____ Mobile () _____, Email _____

FAX phone () _____ **24 Hour Emergency Contact Phone Number () _____**

Type of Use: _____ Number of Employees: _____ Hours of Operation: _____

Description of Use: _____

Total Square Footage _____ Office Square Footage _____

Retail Area Square Footage _____ Storage or Warehouse Square Footage _____

CHECK ALL THAT APPLY: Rack Storage Welding / Cutting L.P.G Use Kitchen Facilities Requiring Health Inspection

Use of Hazardous Materials (Provide Materials Data Sheet(s)) Fire Sprinkler System Installed Fire Sprinkler System Required

New Building Building Addition Interior Finish Out of Leased Space Remodel

PROPERTY OWNER INFORMATION

Name of Property Owner: _____

Property Owner's Address and Contact Information:

Street _____ Suite _____

City _____, State _____, Zip Code _____ - _____

Office phone () _____ Mobile () _____,

FAX phone () _____ Email _____

SMALL BUSINESS INFORMATION

Yes! Please contact me at the Business Owner contact info above for more info about operating a small business.

APPLICANT INFORMATION / SIGNATURE BLOCK

Name of Applicant (If Different from Business Owner): _____

Applicant's Address and Contact Information (If Different from Business Owner):

Street _____ Suite _____

City _____, State _____, Zip Code _____ - _____

Office phone (____) _____ Mobile (____) _____, Email _____

FAX phone (____) _____

I HEREBY CERTIFY THAT I AM AN AUTHORIZED AGENT OF THE BUSINESS OWNER, AND HAVE THE BUSINESS OWNER'S CONSENT TO REPRESENT THE BUSINESS AND THE INFORMATION PROVIDED WITHIN THIS APPLICATION. I FURTHER CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFIED INFORMATION MAY LEAD TO THE REVOCATION OF THE CERTIFICATION OF OCCUPANCY AND THE POTENTIAL ISSUANCE OF MUNICIPAL CITATIONS.

Signature of Business Owner / Applicant _____

Printed Name of Business Owner / Applicant _____

Business Owner / Applicant's Driver's License Number and State _____

Business Owner / Applicant's Date of Birth _____

OFFICE USE ONLY

PERMIT Number _____ SIC Code _____

Special Conditions _____

Date Paid _____ Receipt # _____ Received by _____

Electric Release _____ Gas Release _____ Water Release _____

Date Entered _____ Date Mailed _____ Entered by _____

Date CO Expires if no Activity (90 Days of Inactivity) _____

Zoning District _____ Specific Use Permit Required _____ Date SUP Approved _____

Specific Use Permit Case Number _____

Inspections Initial and Date:

Zoning / Planning _____ Building Official _____

Fire Marshal's Office _____ Inspector _____

Building and Development _____ Inspector _____

Code Compliance & Health _____ Inspector _____

Police Department _____ Officer _____

(Convenience Stores to be in compliance with Chapter 60 Article I Eules Code of Ordinances)

FORM UPDATED 08/2014