

APPLICATION FOR CERTIFICATE OF OCCUPANCY

Building Inspection Department
City of Mount Pleasant, Texas

FEE: \$_____ EACH APPLICATION

Date of Application: _____ Square Footage: _____

Property Address: _____ Suite #: _____

Specific Use: _____
(Office, Retail, Service Establishment, Service Station, Warehouse, Pawn Shop, etc.)

DOES YOUR OCCUPANCY OR BUSINESS INVOLVE THE STORAGE, SALE, OR USE OF THE FOLLOWING:

<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>	
___	___	Food Products	___	___	Hazardous Storage:
		on premise ___ take out ___	___	___	Flammable or Combustible
___	___	Drive through window			Gases ___ Liquids ___ Solids ___
___	___	Cooking	___	___	Explosives
___	___	Alcohol to be sold	___	___	Oxidizers
Hazardous Processes:			___	___	Outdoor storage of materials
		Painting ___ Vehicle Repair ___	___	___	Outdoor display of merchandise
		Welding ___ Wood Working ___			
		Dry Cleaning ___ Flammable ___			
		Fumigation ___ Waste Reclamation ___			
			Other _____		

Name of Company Mailing Address Phone #

Owner or Manager of Company Address Phone #

Name of Property Owner or Agent Address Phone #

OFFICE USE ONLY:
Occupancy Group: _____ Type of Construction _____
Occupant Load: _____ Zoning: _____

Application Approved

Inspector _____ Date _____ Bldg. Official _____ Date _____
Fire Department _____ Date _____

CERTIFICATE OF OCCUPANCY-INSPECTORS' CHECKLIST

ZONING

Parking: Spaces required _____ Spaces available _____ Ratio _____

Handicap spaces _____ Ramps _____ Signs _____

Site Work: Landscaping _____ Maintenance _____

Underground irrigation system _____ Back-Flow device _____

Sidewalks required _____ Installed per code _____

Signage: Signs installed: Type _____ Square Footage _____

Type _____ Square Footage _____

Other _____ Square Footage _____

Screening fence required _____ Screening fence installed _____

BUILDING CODES

Inspections: Building _____ Electrical _____

Plumbing _____ Mechanical _____

Fire _____

Exits required _____ Exit lights _____ Egress _____

Handicap restrooms _____

FIRE DEPT. INSPECTOR'S COMMENTS: _____

BLDG. OFFICIAL INSPECTOR'S COMMENTS: _____
