

Certificate of Occupancy Checklist

Name: _____
 Address: _____

Received by: _____
 Date Received: _____

A **BUILDING PERMIT** is required for any **alteration or construction work**. For properties where no alterations or construction work is done to the structure to be occupied, the **CERTIFICATE OF OCCUPANCY APPLICATION** may be used without a building permit.

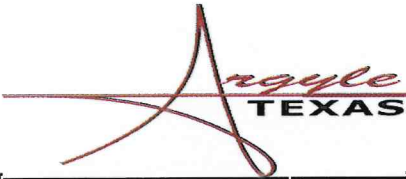
Attached	Not Applicable	
<input type="checkbox"/>		Certificate of Occupancy Application Form with Original Signatures
<input type="checkbox"/>		Final Grading survey with Certification - Completed final grades must be certified by a Registered Professional Land Surveyor or Licensed Surveyor in the State of Texas.
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Management As-builts (Three (3) copies of digital media – PDF file format) - for Residential over 5000 sf provide: <ul style="list-style-type: none"> <input type="checkbox"/> Scaled floor plan of buildings or structures on site <input type="checkbox"/> Identify any hazardous materials or conditions <input type="checkbox"/> Provide information about any fire suppression systems
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Management As-builts (Three (3) copies of digital media – PDF file format) - for Commercial provide: <ul style="list-style-type: none"> <input type="checkbox"/> Site Plan As-built, including utility shut off locations, Knox Box location, fire riser room, FDC's, and fire lane. <input type="checkbox"/> Scaled floor plans of buildings or structures on site <input type="checkbox"/> Identify any hazardous materials, storage or conditions <input type="checkbox"/> Provide emergency contact numbers

Certificate of Occupancy Inspection Procedure:

1. Complete Certificate of Occupancy Application.
2. Return application to the city and pay fee.
3. **Request a Certificate of Occupancy inspection from Fire Mashal, AVFD.**
 Phone: (940) 464 7102.
4. **Request a Certificate of Occupancy inspection from Building Official, Bureau Veritas.**
 Phone: (817) 335-8111 / (972) 980-8401 / toll free (877) 837-8775
 Fax: (817) 335-8110 / (972) 980-8400 / toll free (877) 837-8859
5. Post your approved permit application (Tape to door or window).
6. Have space or building open from the hours of 8:00 a.m. – 5:00 p.m.

The Certificate of Occupancy inspection is an inspection for life safety items and general maintenance. Some common items noted during inspection are listed below. This list is not intended to be an all-inclusive list.

1. Doors to the exterior should not have double key locks, slide bolts, or other locking devices other than a thumb turn lock or bolt.
2. When required, illuminated exit signs must be in good working order.
3. Address and suite # must be posted on the building in 6" minimum numbers on a contrasting background, clearly visible from the street.
4. Every space must have 24-hour access to the electric panel which serves that space.
5. Missing circuit breakers or knockouts in electric panels and junction boxes must be filled.
6. Broken or damaged electrical fixtures and cover plates must be repaired or replaced.
7. Added electrical fixtures and outlets must comply with the National Electric Code.
8. Hose bibs should have vacuum breakers.
9. Plumbing fixtures must be in good working order, any unused plumbing lines must be capped.
10. Gas appliances and heaters must be properly installed and vented.



(940) 464-7273

506 N. Hwy 377
Argyle, Texas 76226

Certificate of Occupancy Application

Project Information	Permit # _____	Occupancy Sq. _____ Ft. _____
Name of Business: _____		
Business Physical Address: _____		
Type of Business: _____		
<i>Check applicable</i>		
<input type="checkbox"/> Food Products	<input type="checkbox"/> Food and/or Beverage Processing	<input type="checkbox"/> Heating/Cooking of Food
<input type="checkbox"/> LP Gas	<input type="checkbox"/> Compressed Gas	<input type="checkbox"/> On Site Alcoholic Consumption
<input type="checkbox"/> Fumigation	<input type="checkbox"/> Cellulose Nitrates Film	<input type="checkbox"/> Flammable or Combustible Materials
<input type="checkbox"/> Dry Cleaning	<input type="checkbox"/> Bales or Loose Combustible Fibers	<input type="checkbox"/> Poisonous or Hazardous Chemicals or Acids
<input type="checkbox"/> Woodworking	<input type="checkbox"/> Dust Producing Equipment/Materials	<input type="checkbox"/> High Piled Storage of Combustible Items
<input type="checkbox"/> Fireworks	<input type="checkbox"/> Garage or Vehicle Repair	<input type="checkbox"/> Explosives or Ammunition
<input type="checkbox"/> Magnesium	<input type="checkbox"/> Reclaimed Waste Material	<input type="checkbox"/> Paint/Flammable Material
Remarks: _____		

Owner Information		
Company Name: _____	Contact Person: _____	
Mailing Address: _____	Email: _____	
Phone #: _____	Fax #: _____	Mobile #: _____

Tenant Information		
Company Name: _____	Contact Person: _____	
Street Address: _____	Email: _____	
Phone #: _____	Fax #: _____	Mobile #: _____

A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

ALL PERMITS REQUIRE FINAL INSPECTION

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____ Date: _____

Office Use Only	Occupancy Group: _____	Building Type: _____
Zoning: _____	Parking Required: _____	# Stories: _____
Flood Zone: _____	Parking Provided: _____	Sprinklers: _____
Approved By: _____	Date: _____	

Permit Fee: \$ _____
Issued Date: _____
Issued By: _____

Bureau Veritas Project # _____