



APPLICATION #: CO _____

BLDG. PERMIT #: B _____

CITY OF WAXAHACHIE APPLICATION FOR CERTIFICATE OF OCCUPANCY

PLEASE PRINT CLEARLY. ALL ITEMS ON THIS FORM MUST BE ANSWERED CLEARLY. SUBMITTAL OF THIS APPLICATION IN NO WAY IMPLIES ACCEPTANCE OF OCCUPANCY OR PERMISSION TO OCCUPY SPACE. YOU MUST RECEIVE APPROVAL OF BUILDING OFFICIAL PRIOR TO OCCUPYING SPACE. NO REFUNDS

TYPE OF PERMIT REQUIRED: _____ CLEAN & SHOW _____ CHANGE OF TENANT
(Check One) _____ OCCUPANCY OF A BUILDING _____ TEMPORARY C.O.

DATE OF APPLICATION _____	
NAME OF BUSINESS: _____	PHONE: _____
ADDRESS OF BUSINESS: _____	SUITE#: _____
BUILDING CONTRACTOR: _____ (If Applicable)	PHONE: _____
CITY: _____ STATE: _____ ZIP: _____	PHONE: _____
PROPERTY OWNER: _____ ADDRESS: _____	
CITY: _____ STATE: _____ ZIP: _____	PHONE: _____

DETAILED DESCRIPTION OF PROPOSED BUSINESS/PROPERTY USE: _____

PREVIOUS USE IF KNOWN: _____

SQUARE FOOTAGE OCCUPIED BY BUSINESS: _____ # OF EXISTING PARKING SPACES: _____

IS THE BUILDING EQUIPPED WITH AUTOMATIC FIRE SPRINKLER SYSTEM? YES____ NO____

WILL FOOD OR ALCOHOL BE SERVED ON THE PREMISES AND/OR SOLD FOR CONSUMPTION ON OR OFF PREMISES?
NO _____ YES (Explain) _____

I,WE UNDERSTAND THAT SHOULD ABOVE LAND OR PREMISES BE USED OR OCCUPIED IN VIOLATION OF THE ZONING ORDINANCE, BUILDING CODE, FIRE, OR HEALTH LAWS OR ORDINANCE OF THE CITY OF WAXAHACHIE, THAT I, WE, SHALL BE SUBJECT TO PENALTY IN ACCORDANCE WITH THE PROVISIONS OF THE ZONING ORDINANCE OR OTHER APPLICABLE REGULATIONS.

APPLICANT'S NAME _____ SIGNATURE: _____
(Please Print)

