

Certificate of Occupancy Application

Mailing Address: City of Hutchins
 PO Box 500
 Hutchins, Texas 75141
 Phone: (972) 225-6121



Project Information	\$100.00 Permit Fee	Square Footage _____
Name/Description: _____		
Project Address: _____		Subdivision: _____
Lot: _____	Block: _____	Type of Construction: _____
INTENDED USE OF SPACE: _____		

Tenant Information		
Company Name: _____	Contact Person: _____	
Address/City/State/Zip: _____		
Phone Number: _____	Email: _____	Mobile Number: _____

Property Owner		
Name: _____	Contact Person: _____	
Address/City/State/Zip: _____		
Phone Number: _____	Email: _____	Mobile Number: _____

**All Certificate of Occupancy permits require inspection and approval from the following departments:
 Building Official, Fire Department & Public Works Department.**

CHECK TYPE OF C.O. APPLICATION:

- New Owner/New Business
 Expanding Lease Space
 Clean and show (to lease or sell)
 New Owner/Existing Business
 Additional Uses/ Existing Bus.
 Other (Identify)_____

CHECK ALL FEATURES OF THE BUILDING AND/OR THE PROPERTY:

- Septic System
 Above or Underground Tank(s)
 Fire Sprinkler System
 Water Well
 Grease/Sand Trap

CHECK "ALL" ACTIVITIES WHICH WILL BE CONDUCTED ON THE PREMISES:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Auto Related Business | <input type="checkbox"/> Alcoholic Beverage Sales | <input type="checkbox"/> Tire Storage | <input type="checkbox"/> Oil Change/Lube |
| <input type="checkbox"/> Incineration | <input type="checkbox"/> Office | <input type="checkbox"/> Grocery or C-Store | <input type="checkbox"/> Tire Sales/Install |
| <input type="checkbox"/> Petroleum | <input type="checkbox"/> Personal Services | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Mill/Woodworking |
| <input type="checkbox"/> Auto Body Repair | <input type="checkbox"/> Welding | <input type="checkbox"/> Auto Painting | <input type="checkbox"/> Food Products |
| <input type="checkbox"/> Items higher than 12' | <input type="checkbox"/> Brake/Muffler Repair | <input type="checkbox"/> Coating | <input type="checkbox"/> Outside Storage |
| <input type="checkbox"/> Child Care Storage | <input type="checkbox"/> Flammable Liquid | <input type="checkbox"/> Vehicle Wash | <input type="checkbox"/> Engine Repair |
| <input type="checkbox"/> State Inspection | <input type="checkbox"/> Dance Floor | <input type="checkbox"/> Auto Parts (new/used) | <input type="checkbox"/> Auto Sales |
| <input type="checkbox"/> Vehicle Parking | <input type="checkbox"/> Retail Sales | <input type="checkbox"/> Chemicals (type)_____ | |
| <input type="checkbox"/> Warehouse (type)_____ | | Manufacturing (type)_____ | |

1. Plan Submittal: (min. 8 1/2" x 11", max 11" and 14")
 - A. Site Plan: showing all setbacks, streets, and access to buildings
 - B. Drawing of the layout (walls, doors, windows, etc.)
 - C. Location of electric panel/ disconnects
 - D. Location of water cut-off valve
 - E. Location of mechanical units/ water heater
 - F. Any other pertinent information

2. REVIEW APPROVALS ARE REQUIRED PRIOR TO ISSUANCE:
 - A. The zoning is verified to determine if the proposed use is allowed and a site inspection is conducted for compliance with zoning regulations such as required parking, landscaping, screening, etc.
 - B. An inspection of the structure for compliance with the Building, Electrical, Plumbing, Mechanical, and Fire code
 - C. A Health Inspection is required by Dallas County Health for all food related applicatons.

3. When all of the inspections (Building, Zoning, Fire, and Health) are approved, a Certificate of Occupancy will be issued, this will allow occupation of applicant.

OPERATING A BUSINESS WITHOUT A CERTIFICATE OF OCCUPANCY POSTED ON SITE IS A VIOLATION OF CITY ORDINANCE

I certify that all information contained herein is true and correct to the best of my knowledge and I understand that failure to make full disclosure may result in revocation of the Certificate of Occupancy.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY:

Zoning District: _____ Use Classification: _____ Occupant Load: _____

Parking Required: _____ Fire Sprinkler Yes No Approved Denied

Notes: _____

Building Official: _____ Date: _____

Fire Department: _____ Date: _____

Public Works: _____ Date: _____

CO Issued: _____