



Certificate of Occupancy

This section office use only			
Application #			
Cash <input type="checkbox"/>	CC <input type="checkbox"/>	Phone order <input type="checkbox"/>	
Check #		Receipt #	
Zoning	Type of construction	Occupancy Type	
Parking req'd for tenant	Parking req'd for site		
Parking provided onsite	Parking over (+) / under (-)		
Use classification			

● All application fees are non-refundable ● All credit card transactions include a 2% convenience fee ● All food establishments consult with Environmental Services for separate food permit requirements

Date	
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Business address		Suite #	
Tenant/business name		Phone	
Contact person		Phone	
Property owner		Phone	
Tenant mailing address (if different from above)			

Business/Property Use		Include Square Footage (SF)	
<input type="checkbox"/> Retail _____ SF	<input type="checkbox"/> Warehouse _____ SF	<input type="checkbox"/> Distribution _____ SF	<input type="checkbox"/> Institutional _____ SF
<input type="checkbox"/> Office _____ SF	<input type="checkbox"/> Restaurant _____ SF	<input type="checkbox"/> Manufacturing/assembly _____ SF	<input type="checkbox"/> Other _____ SF
<input type="checkbox"/> Service _____ SF	<input type="checkbox"/> Church _____ SF	<input type="checkbox"/> Wholesale _____ SF	<input type="checkbox"/> Total _____ SF

Total employees		Maximum # of employees on duty day or night	
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Describe proposed business/use			
Storage over 12 feet in height	_____ sf	Is this a change of ownership for an existing tenant? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is building equipped with automatic fire sprinkler? Yes <input type="checkbox"/> No <input type="checkbox"/>		Is this a change of business name only? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If use is for a restaurant, will smoking be permitted? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is this a sublease space? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, name of current tenant/business name		

By signing below, 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 herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or the performance of construction. The issuance of any permit neither exempts nor modifies any covenants, deed restrictions, city ordinances and/or state or federal laws, whether herein specified or not.

To have the City mail the permit and plans, please provide a correctly-sized, stamped, self-addressed envelope.
IF APPLICABLE, additional checklist information SHALL BE COMPLETED ON REVERSE SIDE of application.

Name			Signature	
Phone		Email		

Usage Checklist

Check all applicable items used by your occupancy or business.

If ANY of the boxes below are checked, an environmental survey MUST BE COMPLETED and can be downloaded at cityofcarrollton.com/departments/departments-a-f/environmental-quality/industrial-pretreatment/environmental-survey.

Provide MSDS where applicable.

- Alcohol sales
- Alcoholic beverages
- Storage of combustible fibers (specify)
- Cellulose nitrate film
- Compressed gas
- Dry cleaning (flammable solvents)
- Dust producing process
- Explosives or ammunition
- Fireworks
- Flammable or combustible liquids (10 gal. or more only)
- Floor drains in building
- Food and/or beverage processing, storage or sales
- Food products
- Gaming devices
- High piled stock/storage (over 12' in height)
- Liquid propane gas
- Magnesium
- Other hazards (specify)
- Painting with flammables
- Poisonous or hazardous chemicals/acids
- Recycling waste
- Smoking
- Vehicle repair or garage
- Vehicles in building
- Welding or cutting
- Woodworking
- X-ray development
