



# City of Tyler

## Application for Certificate of Occupancy

Certificate # \_\_\_\_\_

**City of Tyler Development Services**  
Building Inspection Department  
423 W. Ferguson  
Tyler, TX 75702  
(903) 531-1151

**Name of Business:** \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Building Address:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Building Owner:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Owner's Address:** \_\_\_\_\_ **Zip** \_\_\_\_\_

What will the occupied space be used for? (Please be specific) \_\_\_\_\_

Total occupied area (Sq.Ft.) \_\_\_\_\_ Fire Sprinklers ( ) Yes ( ) No  
Please check any of the following that are applicable to your business.

- |   |   |
|---|---|
| <input type="checkbox"/> Food Products                          | <input type="checkbox"/> Flammable or Combustible Liquids<br><b>(10 Gallons or more ONLY)</b> |
| <input type="checkbox"/> Day Care                               | <input type="checkbox"/> Outdoor Storage or Display   |
| <input type="checkbox"/> Explosives/Ammunition                  | <input type="checkbox"/> Semi Conductor   |
| <input type="checkbox"/> Health Hazards                         | <input type="checkbox"/> Compressed Gases (LPG., Etc.)  |
| <input type="checkbox"/> Spray Painting                         | <input type="checkbox"/> Dust Producing Equipment   |
| <input type="checkbox"/> Welding or Open Flame                  | <input type="checkbox"/> Fireworks  |
| <input type="checkbox"/> Outdoor Vehicle Service                | <input type="checkbox"/> Reclaiming Waste Materials   |
| <input type="checkbox"/> Poisonous or Hazardous Chemicals/Acids |   |

Any storage over 12 ft. high inside building? Total sq. ft. \_\_\_\_\_

Any storage over 15 ft. high inside building? Total sq. ft. \_\_\_\_\_

**Notice to Applicant:** Any Certificate of Occupancy issued on the basis of incorrect information supplied on this application may be revoked. Signature of occupant or occupant's agent constitutes approval for City employees to enter the property for necessary inspections.

Contact Person \_\_\_\_\_ Phone# \_\_\_\_\_

\_\_\_\_\_  
Signature of Occupant or Occupant's Agent Date: \_\_\_\_\_



# Inspector's Information Sheet for Certificate of Occupancy

Is this a previously occupied structure? ( ) Yes ( ) No

Is this a change in occupancy? ( ) Yes ( ) No

If Yes, what was the previous use of this building? \_\_\_\_\_

Building Permit #: \_\_\_\_\_ Type Construction: \_\_\_\_\_

Occupancy Type: \_\_\_\_\_ Occupant Load: \_\_\_\_\_

### ZONING CLASSIFICATION AND LANDSCAPING (903) 531-1151

Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ Zoning Classification: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**Final Landscaping Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Comments: \_\_\_\_\_

### FIRE PREVENTION INSPECTION (903) 531-1186 (Building Inspection Department must approve *before* Engineering can approve).

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

### NORTHEAST TEXAS PUBLIC HEALTH DISTRICT (if applicable) (903) 535-0030

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

### ENGINEERING DEPARTMENT (903) 531-1151 (Must have Fire Prevention Inspection approved *before* Engineering can approve).

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

### BUILDING INSPECTION DEPARTMENT (903) 531-1186

Issued/Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Meter No. \_\_\_\_\_

Comments: \_\_\_\_\_