

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
(10 Gallons or more ONLY) |
| <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 | |

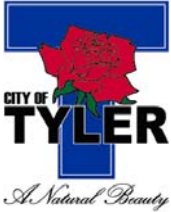
- Any storage over 12 ft. high inside building? Total sq. ft. _____
- Any storage over 15 ft. high inside building? Total sq. ft. _____

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# _____

 Date: _____

Signature of Occupant or Occupant's Agent



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) 531-1186

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) 531-1186 (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: _____