**320 N. LOCUST STREET POINT, TEXAS 75472 PH:903-598-3296 FAX:903-598-3371**

**CITY OF POINT**

**Email: cityclerk@cityofpoint.org**

**CERTIFICATE OF OCCUPANCY APPLICATION**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DBA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Use: Retail\_\_\_\_\_Wholesale\_\_\_\_\_MFG\_\_\_\_\_Church\_\_\_\_\_Service\_\_\_\_\_

Restaurant\_\_\_\_\_On-site Food Prep\_\_\_\_\_

Describe Business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Employees\_\_\_\_\_ Hours of Operation\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_

Is the building equipped with automatic fire sprinkler? **Y N**

Manual or Automatic Alarm System?\_\_\_\_\_\_\_\_\_\_\_

Area sq. ft.: Office\_\_\_\_\_\_\_Warehouse\_\_\_\_\_\_\_Retail\_\_\_\_\_\_\_Restaurant\_\_\_\_\_\_\_

Mfg.\_\_\_\_\_\_\_\_Sanctuary\_\_\_\_\_\_\_\_Other\_\_\_\_\_\_\_Total\_\_\_\_\_\_\_

Number of sq. ft. used for storage over 12’ in height\_\_\_\_\_\_\_

**ALL FOOD ESTABLISHMENTS MUST PROMINENTLY DISPLAY THEIR STATE OF TEXAS HEALTH CERTIFICATE.**

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 a building permit neither exempts nor modifies any covenants, deed restrictions, city ordinances and/or federal laws, whether herein specified or not.

**All sections must be filled out completely.**

**Applicant Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewed By Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved/Denied Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IF DENIED YOU MUST REAPPLY WITH A NEW APPLICATION.**

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