## **Certificate of Occupancy Inspection Information**

## **NOTE:** A **Building Permit** is required for any **alteration or construction work.**

To receive an inspection for "Certificate of Occupancy", it is important that the following instructions are followed:

- 1. Complete Certificate of Occupancy Application
- 2. Return completed application to City and pay fee (varies depending on type of business)
- 3. Request Certificate of Occupancy Inspection
- 4. Post your approved permit application (Tape to door or window).
- 5. Have space or building open from the hours of 8:00 am to 5:00 pm.

The Certificate of Occupancy inspections is an inspection for life and safety items and general maintenance. Some commo items noted during inspection are listed below. This list is not intended to be an all-inclusive list.

- 1. Doors to exterior should not have double key locks, slide bolts, or other locking devices other than thumb turn lock or bolt.
- 2. When required, illuminated exit signs must be in good working order.
- 3. Address and suite # must be posted on the building in 6" minimum numbers on a contrasting background clearly visible from the street.
- 4. Every Space must have 24-hour access to the electric panel, which serves that space.
- 5. Missing circuit breakers or knockouts in electric panels and junction boxes must be filled.
- 6. Broken or damaged electrical fixtures and cover plates must be repaired or replaced.
- 7. Added electrical fixtures and outlets must comply with the National Electric Code.
- 8. Hose bibs should have vacuum breakers.
- 9. Plumbing fixtures must be in good working order.
- 10. Any unused plumbing must be capped.
- 11. Gas appliances and heaters must be properly vented and installed.



Issued By: \_\_\_\_\_

Phone: 817-489-2201

Website: www.newarktexas.com

Address: 209 Hudson St.

PO Box 156 Newark, TX 76071

Date Issued:

BV Project #:

| CSI/ Commercial Ce<br>Occupancy Applica                                                                  | _                       |                            |                        | Buildi                             | ng Permit Nur                        | nber:              |                                                   |  |
|----------------------------------------------------------------------------------------------------------|-------------------------|----------------------------|------------------------|------------------------------------|--------------------------------------|--------------------|---------------------------------------------------|--|
| Project Information:                                                                                     |                         |                            |                        |                                    |                                      |                    |                                                   |  |
| Applicants Name:                                                                                         |                         |                            |                        |                                    |                                      |                    |                                                   |  |
| Business Name/Description                                                                                | on: _                   |                            |                        |                                    |                                      |                    | <u> </u>                                          |  |
|                                                                                                          |                         | Sq. Ft:                    |                        |                                    |                                      |                    |                                                   |  |
| Intended Use of Space:                                                                                   |                         |                            |                        |                                    |                                      |                    |                                                   |  |
| Total Occupancy of Buildi                                                                                | ng: _                   | Zoning District:           |                        |                                    |                                      |                    |                                                   |  |
| Owner Information:                                                                                       |                         |                            |                        |                                    |                                      |                    |                                                   |  |
|                                                                                                          |                         | Contact Person:            |                        |                                    |                                      |                    |                                                   |  |
| Street Address:                                                                                          |                         |                            |                        |                                    |                                      |                    |                                                   |  |
| Phone Number:                                                                                            |                         | Email:                     |                        |                                    |                                      |                    |                                                   |  |
| Tenant Information:                                                                                      |                         |                            |                        |                                    |                                      |                    |                                                   |  |
|                                                                                                          |                         |                            |                        | Contact Pers                       | son:                                 |                    |                                                   |  |
|                                                                                                          | me: Contact Person: ss: |                            |                        |                                    |                                      |                    |                                                   |  |
| Phone Number:                                                                                            |                         | Email:                     |                        |                                    |                                      |                    |                                                   |  |
|                                                                                                          |                         |                            |                        |                                    |                                      |                    |                                                   |  |
| <del>-</del>                                                                                             |                         | nvolve the storage, s      |                        |                                    |                                      | ck al              |                                                   |  |
| Painting with flammables                                                                                 |                         | Dry Cleaning Solvents      |                        | Flammable/ com<br>(10 gallons      |                                      |                    | Alcohol                                           |  |
| Combustible Fibers                                                                                       |                         | Dust producing process     |                        | Floor drains i                     |                                      |                    | Smoking                                           |  |
| Cellulose Nitrate Film                                                                                   |                         | Explosives/Ammunition      |                        | Food &/or processing, stor         |                                      |                    | Fireworks                                         |  |
| Compressed Gas                                                                                           | П                       | Recycling Waste            |                        | Food pro                           |                                      |                    |                                                   |  |
| Liquid Propane Gas                                                                                       |                         | Magnesium                  |                        | High piled<br>(over 12" in         |                                      |                    |                                                   |  |
| Vehicle Repair Garage                                                                                    |                         | Vehicles in Building       |                        | Poisonous or<br>Chemicals          |                                      |                    |                                                   |  |
| Welding or cutting                                                                                       |                         | Woodworking                |                        | •                                  | •                                    |                    |                                                   |  |
| ***It shall be unlawful to use converted or altered or enlarged official. A permit becomes null suspende | l in it<br>and          | s use or structure until a | Certifica<br>ion is no | ite of Occupancy<br>of commenced w | y shall have bee<br>rithing 180 days | en iss<br>s, or if | ued by the administrative construction or work is |  |
| I hereby certify that I have<br>provisions of laws and ord<br>The granting of a permit o<br>state or loo | inar<br>loes            | ices governing the ty      | pe of v                | vork will be c<br>rity to violate  | ompiled with or cancel th            | whe                | ether specified or not.<br>ovisions of any other  |  |
| Signature of Applicant:                                                                                  |                         |                            |                        | <b>,</b>                           |                                      | ite:               |                                                   |  |
| Approved By                                                                                              |                         | Date                       |                        | Comments                           |                                      |                    |                                                   |  |
| <b>Building Department</b>                                                                               |                         | -                          |                        |                                    |                                      |                    |                                                   |  |
| PW Department                                                                                            |                         |                            |                        |                                    |                                      |                    |                                                   |  |
| Fire Department                                                                                          |                         |                            |                        |                                    |                                      |                    |                                                   |  |
| Engineering Dept.                                                                                        |                         |                            |                        |                                    |                                      |                    |                                                   |  |
| Health Permit                                                                                            | _                       |                            |                        |                                    |                                      |                    |                                                   |  |

## **Certificate of Occupancy Review Checklist**

| Applicant Name:                |                             |              |     |  |  |
|--------------------------------|-----------------------------|--------------|-----|--|--|
| Project Address:               |                             |              |     |  |  |
| Application                    |                             |              |     |  |  |
| Water                          |                             |              |     |  |  |
| <br>Electricity                |                             |              |     |  |  |
| Commercial Safety Inspection   | Completed by Bureau Veritas | s:           |     |  |  |
| ☐Fire & Safety                 | Completed by Bureau Verita  | s:           |     |  |  |
| Parking                        |                             |              |     |  |  |
| Sign                           |                             |              |     |  |  |
| Site Plans                     |                             |              |     |  |  |
| Structural Plans               |                             |              |     |  |  |
| Federal ID Number:             |                             |              |     |  |  |
| Additional Notes:              |                             |              |     |  |  |
|                                |                             |              |     |  |  |
|                                |                             |              |     |  |  |
|                                |                             |              |     |  |  |
|                                |                             |              |     |  |  |
|                                |                             |              |     |  |  |
|                                |                             |              |     |  |  |
|                                |                             |              |     |  |  |
| Total Fees: Payment Date:      | Payment Type:               | Receipt #    | By: |  |  |
| Date Sent to PR: Receiv        | ved from PR: B\             | / Project #: |     |  |  |
| Approved By: Permit Issued on: |                             |              |     |  |  |