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 Occupancy Applica	_			Buildir	ng Permit Nun	nber: _		
Project Information:								
-	Contact Number:							
Business Name/Description								
	ng: Zoning District:							
Owner Information:								
Company Name:	pany Name: Contact Person:							
Street Address:								
		Email:						
Tenant Information:								
Company Name:				Contact Pers	on:			
	Contact Person:							
	Email:							
Does your busine	ess i	nvolve the storage, s	ale or u	se of the foll	owing: (Che	ck all ti	hat apply)	
Painting with flammables		Dry Cleaning Solvents		lammable/ comb (10 gallons o			Alcohol	
Combustible Fibers		Dust producing process		Floor drains ir			Smoking	
Cellulose Nitrate Film		Explosives/Ammunition		Food &/or processing, stora			Fireworks	
Compressed Gas	П	Recycling Waste		Food processing, store				
Liquid Propane Gas		Magnesium		High piled (over 12" in				
Vehicle Repair Garage		Vehicles in Building		Poisonous or h	nazardous			
Welding or cutting		Woodworking		X-ray Devel	•			
•	l in it and d or	s use or structure until a void if work or constructi abandoned for a period o	Certificat ion is not f 180 day:	e of Occupancy commenced wi s at any time aft	shall have bee ithing 180 days ter work is com	en issued , or if col menced.	by the administrative nstruction or work is	
I hereby certify that I have								
provisions of laws and ord								
The granting of a permit of state or loc		not presume to give aw regulating constru						
Signature of Applicant:			i.	Date:				
	/	Approved By		Date		Comr	ments	
Building Department								
PW Department								
Fire Department								
Engineering Dept.								
Health Permit:								

Certificate of Occupancy Review Checklist

Applicant Name:							
Project Address:							
Application							
Water							
Electricity							
	Completed by Bureau Veritas:						
Fire & Safety	Completed by Bureau Veritas:						
Parking							
Sign							
Site Plans							
Structural Plans							
Federal ID Number:							
Fees Paid CASH CHECK/Money Orde	er: # CC AUTH #						
Additional Notes:							
City Official Approval:							
Dormit Issue Date:							
>							