

Fire Marshal

Inspection Date □ Change of Use □ No Change of Use □ Applying for New CO

Certificate of Occupancy (CO) Information

Planning and Development Department 120 El Chico Trl, Suite A

Willow Park, Texas 76087 (817) 441-7108 Ext. 103

Please PRINT all information as it will appear on the permanent Certificate of Occupancy, which will need to be posted at the place of business. If you are making any changes, remodeling or upgrades you will need to discuss with the Building Official to determine if permits will be required or a new certificate should be issued. A new Certificate of Occupancy will be issued when your building construction permit final is approved. Submit this for to: permits@willowpark.org

| New Owner of Existing Business New Owner of Building No modifications other than paint/carpet etc. No new signage | | OR | 1. Same typ 2. Using exi 3. New sign | We Business Existing Leased Space the type of Business (example: office to office) to gexisting square footage of previous business or signage is being installed (<i>sign permit required</i>) modifications other than paint/carpet etc. | | | |
|--|-------------------------------|--------------------|--|---|----------|----------------------|----------------|
| Is this a business required | d by the State of Texas to | have a Certificat | te of Occupancy | y for issuance of y | /our Sta | te Licen | se? □ Yes □ No |
| Building Total Square Footag | | Business Le | s Lease: Square Footage | | | | |
| Street Address of Business | | Today's Dat | Date | | | | |
| Type of Previous Business | | | Name of Pre | Previous Business | | | |
| Type of Proposed Business | | | Name of Pro | Proposed Business | | | |
| Name of Building Own | ner: | | | | | | |
| Building Owner's Telep | hone #: <u>(</u>) | - | | | | | |
| Mailing Address of Buil | ding Owner <i>(Street, Ci</i> | ty, State and Zij | ip Code): | | | | |
| Name of Tenant: | | | | | | | |
| Tenant's Telephone #: | _() - | | | | | | |
| Mailing Address of Ten | | | | | | | |
| // | | | | Date: | / | / | |
| / Anticipated Date of Move-in | | Applicant Sig | nt Signature nt's Email@ | | | | |
| Th | e Fee for issuance of a C | ertificate of Occu | pancy is \$150.0 | 0 per adopted fe | e sched | ule. | |
| ******** | ***** | | ELOW THIS LINE | | | | ***** |
| Health Inspector | Inspection Date | | | Use Classification | | Type of Construction | |
| City Planner | Inspection Date | | | | | Numbe | er of Stories: |
| - | | | F | ire Sprinkler: | □ Ye | s | □ No |
| Building Inspector | Inspection Date | | С | Occupant Load: | | | |

Zoning Classification

□ Sign Permit