

CERTIFICATE OF OCCUPANCY GUIDELINES

Fire Department, 6304 Wanda Lane, Forest Hill, TX 76119
Phone: (817) 531-5715 Fax: (817) 531-5726



1. Fill out this paperwork and return to the Fire Department office as soon as possible in order to be able to acquire an inspection. Fees must be paid and all information must be complete and accurate. We must have a copy of your sales-tax certificate with your returned application.
2. You will need a building code and a fire code inspection **BEFORE** you will be issued a Certificate of Occupancy. You can schedule your building inspection and your fire code inspection at (817) 531-5715.
3. If you do not pass **BOTH** inspections, we will not issue your Certificate of Occupancy. Any electrical, plumbing, mechanical or signage work needed must be performed and permitted by a certified contractor.
4. You **CANNOT** occupy the building or open for business until you have a Certificate of Occupancy, signed and displayed at your place of business.

Form must be completed in ink or typed. In the event of an emergency, we will need the information requested below. This information is the use of the Planning and Development Department and the Fire Department only.

**APPLICATION FOR CERTIFICATE OF OCCUPANCY
CITY OF FOREST HILL**

Business Address: _____

Date: _____ Building Square Footage _____

Business Name: _____ Phone #: _____

DESCRIBE TYPE OF BUSINESS TO BE CONDUCTED: _____

Business Hours: _____ # of Shifts: _____

of Employees/Shift: _____

Business Owner: _____

Owner Address: _____

Phone #: _____ Cell Phone: _____

Business Tax ID#: _____ Email Address: _____

Manager's Name: _____ Phone #: _____

Insurance Carrier: _____ Policy #: _____

Insurance Agent: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

BUILDING INFORMATION:

Owner: _____ Phone #: _____

Mailing Address: _____

Insurance Carrier: _____ Phone #: _____

Insurance Agent: _____ Phone #: _____

I verify that all the information is true and correct to the best of my knowledge.

Applicant Signature

Date

FOR OFFICE USE ONLY

Lot #: _____ Block: _____ Addition: _____

Tract: _____ Abstract: _____ Survey: _____

Current Zoning: _____ Required Zoning: _____

Conforms to Zoning () Yes () No Existing Non-conforming () Yes () No

Specific/Temporary Use Permit Required () Yes () No Landscaping Required () Yes () No

Screening Fence Required () Yes () No

Sprinkler System Required () Yes () No Sprinkler System Provided () Yes () No

Construction Type: _____ Occupancy Class: _____

Occupancy Load: _____ # of Exits: _____

1st Floor: _____ 2nd Floor: _____ 3rd Floor: _____