



Application for Certificate of Occupancy

Application Date: _____ **Certificate No:** _____

Street Address:			
Name of Business:			
Name of Occupant or Business:			Phone:
Mailing Address:			
City, State, Zip:		Email:	
Name of Building Owner			Phone:
Total Occupied Area:		Fire Sprinklered?	Yes No
Check the Following:	New Construction:	Remodeling:	Previously Remodeled:
Building or Lease space will be used for the following purposes (BE SPECIFIC):			

Does your Occupancy Involve: (please check all appropriate uses)

Alcoholic Beverage		Poisonous or Hazardous Chemical/Acids						
Compressed Gases (LPG; ETC.)		Woodworking/Dust Producing Equipment						
Explosives/Ammunition/Fireworks		Other Hazard (Specify)						
Flammable Liquids or Gases (30 Gallons or more only)								
Existing Sachse Company:	Yes	No	New Start-up Company:	Yes	No	Relocating:	Yes	No
If Relocating, Where from?								
Number of Employees								
<small>Notice to Applicant: Any Certificate of Occupancy issued on the basis of incorrect information supplied on this application may be revoked, signature of Occupant or Occupants Agent constitutes approval for City Employees and City Agents to enter the property for necessary inspections.</small>								
Contact Person:						Phone:		
Driver License:			Expiration Date:			Date of Birth:		
Signature of Occupant or Occupant Agent:						Date:		

Office Use Only

Change in Occupancy:	Yes	No	Previous Use of Building:					
Subdivision:			Lot:			Block:		
Building Permit No.:		Zoning:		Occupancy:		Construction Type:		
Inspected by:						Occupant Load:		
Building Inspection:		Date:		E.H.S:		Date:		
Fire Department:		Date:		Health:		Date:		
Accepted by:		Date:		Issued by:		Date:		
Comments:								