



Development Services Department

CERTIFICATE OF OCCUPANCY APPLICATION

CITY OF SACHSE

CERTIFICATE NO. _____

<http://www.cityofsachse.com>

APPLICATION DATE _____

TEMPORARY CERTIFICATE NO. _____

STREET ADDRESS	
NAME OF BUSINESS	EMAIL ADDRESS:
NAME OF OCCUPANT OR BUSINESS	PHONE
MAILING ADDRESS	
CITY, STATE, ZIP	
NAME OF BUILDING OWNER	PHONE

TOTAL OCCUPIED AREA: _____ SQUARE FEET 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:

<input type="checkbox"/> ALCOHOLIC BEVERAGES	<input type="checkbox"/> POISONOUS OR HAZARDOUS CHEMICAL / ACIDS
<input type="checkbox"/> ASSISTED MEDICAL CARE OFFICE (PATIENTS; MORE THAN 5)	<input type="checkbox"/> RECLAIMING WASTE MATERIALS
<input type="checkbox"/> COIN-OPERATED GAMES: HOW MANY? _____	<input type="checkbox"/> SEMI CONDUCTOR
<input type="checkbox"/> COMPRESSED GASES (LPG, ETC.)	<input type="checkbox"/> SPRAY PAINTING
<input type="checkbox"/> DAY CARE	<input type="checkbox"/> WELDING OR OPEN FLAME
<input type="checkbox"/> EXPLOSIVES / AMMUNITION / FIREWORKS	<input type="checkbox"/> WOODWORKING / DUST PRODUCING EQUIPMENT
<input type="checkbox"/> FLAMMABLE LIQUIDS OR GASES (30 GALLONS OR MORE ONLY)	<input type="checkbox"/> OTHER HAZARDS (SPECIFY) _____
<input type="checkbox"/> FOOD AND/OR BEVERAGE PROCESSING, STORAGE OR SALES	_____
<input type="checkbox"/> OUTDOOR STORAGE OR DISPLAY	<input type="checkbox"/> STORAGE 12 FEET IN HEIGHT (INSIDE BUILDING)
<input type="checkbox"/> OUTDOOR VEHICLE SERVICE / GARAGE VEHICLE REPAIR	<input type="checkbox"/> NUMBER OF SQUARE FEET OF STORAGE OVER 15 FEET IN HEIGHT (INSIDE BUILDING) _____

EXISTING SACHSE COMPANY? YES NO NEW START-UP COMPANY? YES NO RELOCATING? YES NO

IF RELOCATING, WHERE FROM? _____

NUMBER OF EMPLOYEES _____

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 OCCUPANT'S AGENT CONSTITUTES APPROVAL FOR CITY EMPLOYEES AND CITY AGENTS TO ENTER THE PROPERTY FOR NECESSARY INSPECTIONS.

CONTACT PERSON (PRINT) _____	PHONE _____
DRIVER'S LICENSE NO. _____	DATE OF BIRTH _____
_____	EXPIRATION DATE _____
SIGNATURE OF OCCUPANT OR OCCUPANT'S AGENT	DATE

OFFICE USE ONLY

CHANGE IN OCCUPANCY? YES NO PREVIOUS USE OF BUILDING _____ OFFICE PARK DISTRICT YES NO

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 _____ CASH _____

_____ CHECK _____