

City of Shavano Park

900 Saddletree Court, Shavano Park, TX 78231

Date: _____

Phone: (210) 493-3478 Fax: (210) 492-3816

C of O #: _____

CERTIFICATE OF OCCUPANCY (C of O) APPLICATION

Fee: \$100.00

I. Tenant/Applicant Information	II. Property Owner Information
Name(Applicant): _____	Name: _____
Business Name: _____	Address: _____ Street _____
Property Address: _____	City _____ State _____ Zip _____
Phone No.: () _____	Phone No.: () _____
Zoning Designation: _____	Fax No.: () _____

III. Business/Tenant Information & Questionnaire

- Describe the proposed use in detail: _____
If the use is storage or warehouse use, what is being stored? _____
- What is the total square footage of the building/space you are occupying: _____
- Scheduled date to open: _____ Hours of Operation: _____
- Number of employees expected: _____
- Will you be installing or displaying any signs? YES NO -if YES a Sign Permit application is required.
- Will food be served? YES NO If yes describe: _____
- Will alcohol be served? YES NO If yes Alcohol License Number: _____
- Will you be storing HAZARDOUS MATERIALS (explosives, ammunition, flammables, and chemicals) on site?
 YES NO -If yes, describe stored items and quantities: _____

NOTE TO APPLICANT: BE SURE TO SCHEDULE AN APPOINTMENT WITH THE BUILDING OFFICIAL FOR YOUR CERTIFICATE OF OCCUPANCY (C of O) INSPECTION.

- A Building Inspection must be satisfactorily completed-**PRIOR TO OCCUPANCY**;
- Following preliminary inspection by the Building Inspector, a "Temporary" Certificate of Occupancy may be issued. The tenant may occupy the space/building with the conditions set forth by the Building Official;
- Prior to issuance of "permanent" Certificate of Occupancy the Fire Marshall and Building Official as required, shall conduct an inspection on the premises;
- Tenants/owners are required to comply with all applicable Codes. A "Permanent" Certificate of Occupancy will not be issued until all requirements have been met.
- If you have any questions regarding Codes, contact the Building Official at (210) 493-3478, extension 223, the Fire Marshall at (210) 493-3478.

I have read and understand the above information.

Signature Printed Name Date

*******FOR OFFICE USE ONLY*******

OCCUPANCY LOAD: _____ ADDITIONAL PERMIT REQUIRED: YES NO Type: _____
HAZARDOUS MATERIAL REVIEW REQUIRED: YES NO

LEGAL DESC: Lot: _____ Blk: _____ CB: _____ SUBDIVISION: _____

COMMENTS: _____

FIRE MARSHALL APPROVED / DENIED: _____ DATE: _____

REVIEWED & APPROVED BY: _____ DATE: _____