

**CITY OF BURLESON
APPLICATION FOR
CERTIFICATE OF OCCUPANCY**

THE FOLLOWING SUPPLEMENTAL INFORMATION WILL ENABLE THE CITY TO PROVIDE IMPROVED POLICE, FIRE PROTECTION AND MUNICIPAL SERVICES TO THIS PROPERTY. COMPLETE AND ACCURATE INFORMATION IS REQUESTED.

DATE OF APPLICATION: _____

BUSINESS PHONE _____
BUSINESS NAME: _____
ADDRESS: _____
TYPE OF BUSINESS: _____
PREVIOUS USE (IF KNOWN): _____
CONSTRUCTION PLANNED FOR SPACE (IE. REMODEL, ADDITION): _____ **YES**
_____ **NO**

BUSINESS OWNER NAME: _____
DATE OF BIRTH: _____ **DRIVERS LICNESE #:** _____
HOME ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
PHONE #: _____ **CELL PHONE #:** _____

MANAGER: _____
HOME ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
PHONE #: _____ **CELL PHONE #:** _____

IN CASE OF EMERGENCY NOTIFY: _____
PHONE #: _____ **CELL PHONE #:** _____

STORAGE OF HAZARDOUS OR TOXIC CHEMICALS: _____ **YES** _____ **NO**
IF YES, PLEASE LIST: _____

FOR OFFICE USE ONLY

SQUARE FOOTAGE: _____ **PERMIT #:** _____
ZONING: _____ **FEE:** _____
OCCUPANCY USE: _____ **CONFORMING** _____
_____ **NON-CONFORMING** _____
 BUILDING OFFICIAL APPROVAL DATE: _____
 FIRE MARSHAL APPROVAL DATE: _____
 OTHER DEPARTMENTS (IF APPLICABLE): _____
(ie: environmental - restaurants, auto repair, car wash, medical offices (including dental) and veterinary clinics)