

NOTICE: A new certificate of occupancy application may be subject to Roadway Impact Fees. The fees are assessed at the time the application is being reviewed and the fees must be paid before a certificate can be issued. The adopted ordinance can be found on the City's website under the [engineering services](#) webpage.

A Certificate of Occupancy is a document issued by the Building Official that authorizes a building or structure to be used or occupied by the proposed use upon being inspected and found to comply with the requirements of the 2012 International Building Code and all other City ordinances.

A Certificate of Occupancy is required for:

- A new building and/or structure
- A new owner for an existing building, structure or business
- A new use, tenant, or occupancy in an existing building, structure or tenant space
- A remodeled, altered, or expanded building, structure or tenant space
- A change in name of an existing business
- A clean and show (temporary power for 90 days maximum issued only to building owner and/or property management company)
- Other (example: lot used for storage no structure on site, commercial parking lot, etc.)

CERTIFICATE OF OCCUPANCY APPLICATION PROCESS

In conjunction with a current building permit:

The owner and/or tenant must submit a completed Certificate of Occupancy application to the Building Inspections Department. The Certificate of Occupancy will be approved and issued when construction has been completed, all departments performing inspections have given their approval and a building final has been secured from Building Inspections and the Fire Marshal's office. Food establishments and buildings and/or properties with septic systems and/or public or semi-public swimming pools and spas must also obtain approval from Tarrant County Public Health (TCPH) prior to the issuance of the Certificate of Occupancy.

All others:

1. A complete application must be submitted to Building Inspections Department along with any associated fees (fees are based on the square footage of the building).
2. A Senior Planner will review the application to identify the property's zoning district and determine if the proposed business type is an allowable use within that district. Please be aware that this review may take up to 2 business days to complete.
3. If the proposed use is in compliance with the current zoning district, you will be contacted to schedule a time and date for the Building Official and the Fire Marshal to conduct an inspection. Additional inspections by Neighborhood Services and/or Tarrant County Public Health may be required for food establishments, public or semi-public swimming pools and spas and buildings and properties with a septic system.
4. If violations are noted during the inspection process, a correction notice will be issued.
5. A Certificate of Occupancy will be issued when all departments performing inspections have given their approval. You will be notified when your Certificate of Occupancy has been issued. You are required to post your Certificate of Occupancy in a conspicuous location.

The items listed are not all inclusive. These are some of the common corrections cited during a Certificate of Occupancy inspection. Some items may change or additional items may be added during the inspection.

Address

Address and/or suite numbers shall be posted

Minimum 6" height

Shall be a contrasting color of the surface they are attached so to be easily visible

Must be visible from firelane or street

If part of a multi-tenant building the address / suite number shall be posted on rear door with minimum 4" numbers and be of contrasting color with the door

Electrical Panels Located Inside

Shall maintain a clear workspace a minimum 36" in front of the panel and a minimum 18" on both sides of the panel

A workspace shall be clearly marked on the floor with red paint / tape, or an **approved** sign stating "No Storage 36" in front and 18" on both sides".

Electrical panels shall be sealed with a breaker or a "knockout" so that there are no openings within the service panel.

Mechanical Rooms / Closets

Rooms or closets containing water heater (s) or HVAC system shall be labeled as Mechanical Closet, and rooms or closets containing a fire sprinkler riser shall be labeled as Fire Sprinkler Riser Room.

No storage shall be allowed within such area

Fire Extinguishers

A minimum 5lbs ABC type fire extinguisher is required per 1,500 square feet of floor space

Shall be located in the path of egress (hallways / corridors leading to an exit door)

Shall remain unobstructed

Must be mounted a **maximum** of 5' above the floor measured to the top of the extinguisher

Must be inspected by a qualified 3rd party annually. If purchased; a copy of the receipt shall be taped to the bottom of the extinguisher

Commercial Kitchens shall have a minimum of 1 class K extinguisher

Exit and Emergency Lighting

Exit and emergency lights are required to be operational. They can be tested by pressing the "test" button on the fixture itself. If lights do not come on when pressing the button the batteries may be dead or the light fixture may need to be replaced.

(Your business may not require an exit light. This will be determined at time of inspection)

Outlets and Switches

All outlets and switches shall be covered

Any damaged outlets or switches shall be replaced

Extension Cords

May not be used to permanently supply power to equipment.

Power Strips

Power Strips used to accommodate multiple connections must be directly plugged into an approved outlet

Firelane

If a firelane is required by the Fire Marshal's office it shall be maintained to remain visible.

Knox Box

If a Knox Box is installed; a copy of the keys used to access your building is required to be provided to the Fire Marshal

Means of Egress

All required means of egress, hallways / corridors leading to an exit door, shall remain unobstructed

Signage

All exterior signage shall be permitted by a separate sign permit prior to installation

Fire Prevention Systems

All fire alarm systems, fire sprinkler systems, vent-a-hoods, and ansul systems are required to be inspected by a qualified 3rd party annually. Documentation of these systems passing inspection will be required prior to approval for your certificate of occupancy.

Miscellaneous Storage

Items shall not be stacked or stored closer than 18" of the ceiling height.

Restrooms

Shall be available to customers

Shall be labeled

Must have an exhaust fan that exhaust to the outside



Certificate of Occupancy Application

Building Inspections

PLEASE PRINT OR TYPE – INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Application is made to the Building Official of the City of Burleson, Texas for Certificate of Occupancy authorizing the use of building and/or land:

PROPERTY ADDRESS: _____ Suite: _____

BUSINESS NAME: _____

Description of business (be specific): _____

BUSINESS CONTACT: _____

Email: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY CONTACT: _____

Email: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

BUSINESS OWNER: _____

Email: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

PROPERTY OWNER: _____

Email: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

TYPE OF APPLICATION (Check all that apply)

New owner / new business

New owner / existing business

Name change

New or additional uses

Clean & Show

Remodeling or expanding (describe below)

Other (specify): _____

SQUARE FOOTAGE

Sales area _____

Office _____

Warehouse / Storage _____

Dining / Seating _____

Manufacturing _____

Waiting area _____

Other _____

Total business sq. ft. _____

Total building sq. ft. _____

*Describe any building, site or interior remodeling and expansions:



Certificate of Occupancy Application

Building Inspections

CHECK ALL FEATURES OF THE BUILDING AND/OR PROPERTY:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Fire Alarm System | <input type="checkbox"/> Hood Ansul System | <input type="checkbox"/> Irrigation System | <input type="checkbox"/> Sand Trap |
| <input type="checkbox"/> Fire Sprinkler System | <input type="checkbox"/> Above/Underground Tank(s) | <input type="checkbox"/> Backflow Devices | <input type="checkbox"/> Swimming pool or spa* |
| <input type="checkbox"/> Standpipe System | <input type="checkbox"/> Paint Booth | <input type="checkbox"/> Grease Interceptor/Trap | <input type="checkbox"/> Interactive water feature* |

CHECK ALL ACTIVITIES WHICH WILL BE CONDUCTED ON THE PREMISES:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Food or food products* | <input type="checkbox"/> Hotel / Motel | <input type="checkbox"/> Petroleum products | <input type="checkbox"/> Auto sales – new |
| <input type="checkbox"/> Restaurant* | <input type="checkbox"/> Laundry / Clean-Press | <input type="checkbox"/> Welding or cutting | <input type="checkbox"/> Auto sales – used |
| <input type="checkbox"/> Grocery or convenience store* | <input type="checkbox"/> Lithography / Print shop | <input type="checkbox"/> Painting or coating | <input type="checkbox"/> Auto parts/accessories - new |
| <input type="checkbox"/> Alcoholic beverage sales* | <input type="checkbox"/> Pet shop | <input type="checkbox"/> Sanding, mill or woodcutting | <input type="checkbox"/> Auto parts/accessories - used |
| <input type="checkbox"/> Child care center* | <input type="checkbox"/> Industrial / Manufacturing | <input type="checkbox"/> Incineration | <input type="checkbox"/> Brakes / muffler repair |
| <input type="checkbox"/> School* | <input type="checkbox"/> Parts or vehicle wash | <input type="checkbox"/> Reclaiming waste materials | <input type="checkbox"/> Engine repair |
| <input type="checkbox"/> Church* | <input type="checkbox"/> Flammable / combustible liquid | <input type="checkbox"/> Outside storage | <input type="checkbox"/> Auto body repair |
| <input type="checkbox"/> Office | <input type="checkbox"/> Compressed gases | <input type="checkbox"/> Items stacked higher than 12' | <input type="checkbox"/> Auto painting |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Ammunition / fireworks | <input type="checkbox"/> Tire sales / installation | <input type="checkbox"/> State inspection |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Poisonous or hazardous chemicals or acids | <input type="checkbox"/> Tire storage | <input type="checkbox"/> Oil change / lube |
| <input type="checkbox"/> Mortuary / Funeral home | | <input type="checkbox"/> Auto related business | <input type="checkbox"/> Vehicle parking |

* Plans for food establishments and public and semi-public swimming pools and spas may be required to be submitted to Tarrant County Public Health. A food establishment includes any establishment that offers food for public consumption (including restaurants, vitamin stores, coffee shops, and establishments which offer only pre-packaged food). A food establishment does not include vending machines, employee break rooms or private residences.

QUESTIONNAIRE

1. Will a significant portion of the business interior space be used for storage? Y N

If yes, please answer the following:

What types of materials will be stored? _____

Will the materials be stored on racks? _____

How high will materials be stored? _____

2. What is the water source for this facility? (Check all boxes that apply)
- City water On-site well water Other (explain): _____

3. What type of system will wastewater be discharged to? (Check all boxes that apply)
- City sewer Septic system* Other (explain): _____

*Properties with septic systems are required to submit plans to the City of Burleson Neighborhood Services Department. Additional plans may be required to be submitted to Tarrant County Public Health.

4. Does (or will) this facility discharge any wastewater OTHER than domestic wastewater (wastewater from restrooms) to the sewer system? Y N

If yes, please explain: _____

5. Will any portion of the building or tenant space be used as a training room, classroom or daycare? Y N

If yes, please provide the following:

0 – 2 ½ years old _____ (# of students) Older than 2 ½ years old _____ (# of students)

I certify that all the information contained herein is true and correct to the best of my knowledge and I understand that failure to make full disclosure may result in revocation of the Certification of Occupancy.

Printed Name

Signature

Date



Certificate of Occupancy Application

Building Inspections

OFFICE USE ONLY

PLANNING NOTES

Address: _____ Permit No. _____

Current zoning: _____

Is the use of the building and/or land described in the application allowable under the property's current zoning? Y N

Comments or special conditions: _____

Planning Department _____ Date _____

INSPECTION NOTES

FIRE MARSHAL _____

Inspected by: _____

NEIGHBORHOOD SERVICES _____

Inspected by: _____

BUILDING OFFICIAL _____

Comments or special conditions: _____

Construction Type: _____

Occupancy Group: _____

Sprinkler Provided: _____

Sprinkler Required: _____

Occupant Load: _____

Building Official

Date

City of Burleson
Non-Residential Water/Wastewater User Survey

I. **Purpose.** The City of Burleson is responsible for protection of the drinking water supply and ensuring all state and federal pretreatment (wastewater) rules are adhered to. The purpose of this survey is to ensure compliance with these regulations. **This survey must be completed by the applicant and then reviewed and approved by the Public Works Department before a certificate of occupancy will be issued.**

II. **Company Information**

- A. Water/Wastewater Service Address _____
- B. Date Operations were (will be) established at this site _____
- C. Company Name _____
- D. Mailing Address (if different than listed above) _____
City, State, Zip _____
- E. Phone No. _____ Fax No. _____

III. **Contact Information**

- A. Contact Name _____
- B. Contact Title _____
- C. Phone No. _____ Fax No. _____ Email _____

IV. **Business Activity**

- A. Check all boxes that correspond with operations at this facility. Give a brief description under "other" for any not listed on this form.
 Auto/Equipment Cleaning, Repair or Servicing Convenience store Hotel/Motel Laundry/Clean-Press
 Lithography/Print shop Medical(other than office) Mortuary/Funeral home Office Pet shop
 Restaurant/Fast Food Retail Industrial/Manufacturing (list details of operations on "other" line)
 Other _____
- B. Are any potential hazardous substances handled at this facility? If yes please explain: _____

V. **Water Services**

- A. What is water source for facility? Check all boxes that apply.
 City Water On-Site Well Water Other (please explain) _____
- B. Does this facility have any backflow prevention assemblies? Yes No Unknown
- C. Does (or will) this facility have a fire sprinkler system? Yes No
- D. Does (or will) this facility have a lawn irrigation system? Yes No
- E. Does (or will) this facility have a carbonated beverage dispenser (fountain drink machine)? Yes No

VI. **Wastewater Services**

- A. Where will wastewater be discharged to? Check all boxes that apply.
 City Sewer Septic System Other (please explain) _____
- B. Does (or will) this facility discharge any wastewater OTHER than domestic wastewater (wastewater from restrooms) to the sewer system? Yes No If Yes, please explain _____
- C. Will any liquid waste or sludges be disposed of in the sewer system? Yes No
- D. Will any wastewater that is discharged from this facility be treated by the below listed treatment types? Check all boxes that apply. Grease Trap/Interceptor Sand Trap Other _____

VII. **Signature**

I have personally examined and am familiar with the information submitted in this document. Based upon my inquiry of those individuals responsible for obtaining the information reported herein, I believe submitted information is true, accurate and complete.

(Signature of Respondent)

(Title of Respondent)

(Printed Name of Respondent)

(Date)