



3300 Corinth Parkway
Corinth, Texas 76208
940-498-3273 submit to: permits@cityofcorinth.com

Certificate of Occupancy Application

Permit #: _____ Date: _____

Please submit this application along with a copy of the State Sales Tax Certificate (if applicable) and the floorplan of the area covered by this Certificate of Occupancy showing exterior door openings and the area of the space. Incomplete application and/or submittal will delay the review process.

New Occupancy Change of Ownership Business Name Change Clean and Show *

Name of Business as to appear on CO _____

Business Address _____ Suite _____

Contact Person _____ Business Phone _____

Business Owner Information:

Name _____ Phone _____

Address _____ City _____

State _____ Zip _____ E-mail _____

Type of business:	Retail Sales	Office	Restaurant
	Wholesale	Manufacturing	Warehouse
	Auto Maintenance/Repair	Other: _____	

Area (sq. ft.) _____ Dining Sq. ft. (if applicable) _____ # of stories _____ Avg. # of Employees _____

Is an Electrical Release needed? Yes No

Is a Gas Release needed? Yes No

Description of Service: _____

In requesting a Clean and Show Temporary Certificate of Occupancy, I acknowledge that the approval of this only allows for the cleaning and showing of the space with the intent to secure a tenant, but in no way may the space be occupied for use.** Applicant's Initials _____

Position: Business Owner Property Owner Leasing Agent Other _____

Name (PRINT) _____ Date _____

Signature _____

<u>For Staff Use Only:</u>	
Planning Approval: _____	Date: _____
Zoning Classification: _____	Parking Provided _____
Occupancy Classification: _____	Construction Type: _____



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Certificate of Occupancy Business Information Sheet

Name of Business as to appear on CO _____

Business Address _____ Suite _____

Contact Person _____ Business Phone _____
 Email _____

Emergency Contact (1) _____ Emergency Phone (1) _____

Emergency Contact (2) _____ Emergency Phone (2) _____

Property Owner Information: Driver License Number _____

Name _____ Phone _____

Address _____ City _____

State _____ Zip _____ E-mail _____

Business Hours _____

Does building contain a safe? Yes No If Yes is selected, location: _____

Flood Zone Yes No Interior Night Lights Yes No

Burglar Alarm Yes No Exterior Night Lights Yes No

Yes	No	Will flammable or combustible liquids be stored, used, mixed or dispensed at this location, other than for maintenance or for operation of equipment? If so, attach description, quantities and MSDS sheets.
Yes	No	Will hazardous or toxic chemicals such as, but not limited to, oxidizers, corrosive liquids, poisonous gases, radioactive, explosive, and organic materials be handled? If so, attach description, quantities and MSDS sheets.
Yes	No	Will any of the following industrial processes be performed on the premises? Please select those that apply: <div style="display: flex; justify-content: space-around; margin-left: 20px;"> Manufacturing Treating Formulation/Mixing/Processing Vehicle Washing </div>
Yes	No	Will any liquid wastes or sludge be generated which are not disposed of in the sewer system?
Yes	No	Will there be any spray painting on the premises?
Yes	No	Will food or beverages be manufactured, stored, distributed or sold in any manner other than in vending machines?
Yes	No	Will any form of waste water pre-treatment be utilized at this location?
Yes	No	Will any goods, merchandise or raw materials be stored or displayed outdoors?
Yes	No	Will alcoholic beverages be sold?
Yes	No	Will any sign be erected or changed?
Yes	No	Will the facility be remodeled, renovated or altered?
Yes	No	Will any electrical or plumbing fixtures be installed or relocated?
Yes	No	