



CITY OF DESOTO

APPLICATION FOR CERTIFICATE OF OCCUPANCY



Name of business: _____

Address of business: _____

Business Phone Number: _____

Is this a change of ownership? _____

Description of business: _____

Is this going to be an Event Center _____ Yes _____ No

Square footage of leased/occupied space: Office: _____ Retail: _____

Warehouse: _____ Other: _____ = Total: _____ sq. ft.

Number of parking spaces: _____

Occupants name: _____

Home address: _____

Owner of building: _____

Address of owner: _____

Phone number: _____

Is the building equipped with an automatic fire sprinkler system? Yes _____ No _____

List any commodities sold, used, or stored on site: _____

Type of storage: Rack: _____ Pallet: _____ Pile: _____ Other: _____

Maximum storage height: _____

List any materials discharged into drainage systems/atmosphere: _____

Are any hazardous or flammable chemicals sold, stored, used or produced on site? Yes ____ No ____

If yes, attach MSDS information and list maximum quantities.

Does your business involve storage, sale, or use of: Compressed gases: ____ Ammunition: ____

Welding: ____ Spray painting: ____ Explosives: ____

Will food/beverages be manufactured, packaged, stored, distributed, sold or prepared? Yes ____ No ____

Will alcoholic beverages be sold for consumption on the premises? Yes ____ No ____

Gas meter: Yes ____ No ____ Electric meter: Yes ____ No ____ Water meter: Yes ____ No ____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this use and occupancy will be complied with whether specified herein or not. The granting of a certificate of occupancy neither authorizes the violation of any federal or state statute or city ordinance, nor negates any deed restriction. I have also been made aware of and understand the certificate of occupancy process.

Applicant's name (Please print): _____

Applicant's signature: _____ Date: _____

Applicant's driver's license number: _____ State: _____

Applicant's 24 hour phone no.: _____ Alternate number: _____

Applicant's e-mail: _____

FOR OFFICE USE ONLY

Planning/Zoning: _____ Date: _____

Zoning: _____ Number of required parking spaces: _____

Fire Marshal: _____ Date: _____

Building Inspections: _____ Date: _____

Fire sprinkler: _____ Occupancy Group: _____ Construction Type: _____

Health Inspections: _____ Health Permit: _____ Date: _____

Comments: _____

NOTE: If the Certificate of occupancy process isn't fully completed within 60 days then the application is null and void and will have to be resubmitted.

Certificate of Occupancy Questionnaire
(Every question must be answered)

1. Is your business a church? _____ (If you answered yes you **must** answer the following questions.)
 - How many seats do you have in your sanctuary? _____
2. Is your business a retail establishment? _____ (If you answered yes you **must** answer the following questions.)
 - Square footage of your suite? _____
 - Number of parking spaces for the entire building? _____
 - What services does your business provide?
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
3. Is your business an office space? _____ (If you answered yes you **must** answer the following questions.)
 - How many employees do you have? _____
 - Number of parking spaces for the entire building? _____
 - If a medical office, list type of physicians on staff
 - _____
 - _____
 - _____
 - _____
 - _____

- If an administrative office, list types of services your business provides:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

4. Is your business a child care or day care facility? _____ (If you answered yes you **must** answer the following questions.)

- How many buses or vans? _____
- How many teachers or employees? _____
- How many students or children? _____
- Age range for all children? _____
- How many stacking spaces do you have? _____
- Do you have a bypass lane? _____
- How many parking spaces do you have? _____

5. Is your business a mechanic shop? _____ (If you answered yes **circle ONE** that mostly describes your business)

- AUTOMOBILE REPAIR, MAJOR - General repair or reconditioning of engines, air-conditioning systems and transmissions for motor vehicles; wrecker service; collision services, including body, frame or fender straightening or repair; customizing; painting; vehicle steam cleaning; undercoating and rustproofing; those uses listed under "Automobile Repair, Minor"; and other similar uses.
- AUTOMOBILE REPAIR, MINOR - Minor repair or replacement of parts, tires, tubes, and batteries; diagnostic services; minor motor services such as grease, oil, spark plug, and filter changing; tune-ups; emergency road service; replacement of starters, alternators, hoses, brake parts; automobile washing and polishing; performing state inspections and making minor repairs necessary to pass said inspection; normal servicing of air-conditioning systems, and other similar minor services for motor vehicles except heavy load vehicles,

but not including any operation named under "Automobile Repair, Major" or any other similar use.

6. Is your business a wedding banquet facility or event center? _____
(If you answered yes please list all types of events your business will hold.)

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- What is the total square footage of your event space? _____
- Will you have events outside as well? _____

7. Is your business a Retail Tobacco Store? _____ (If you answered yes, you **must** answer the following questions)

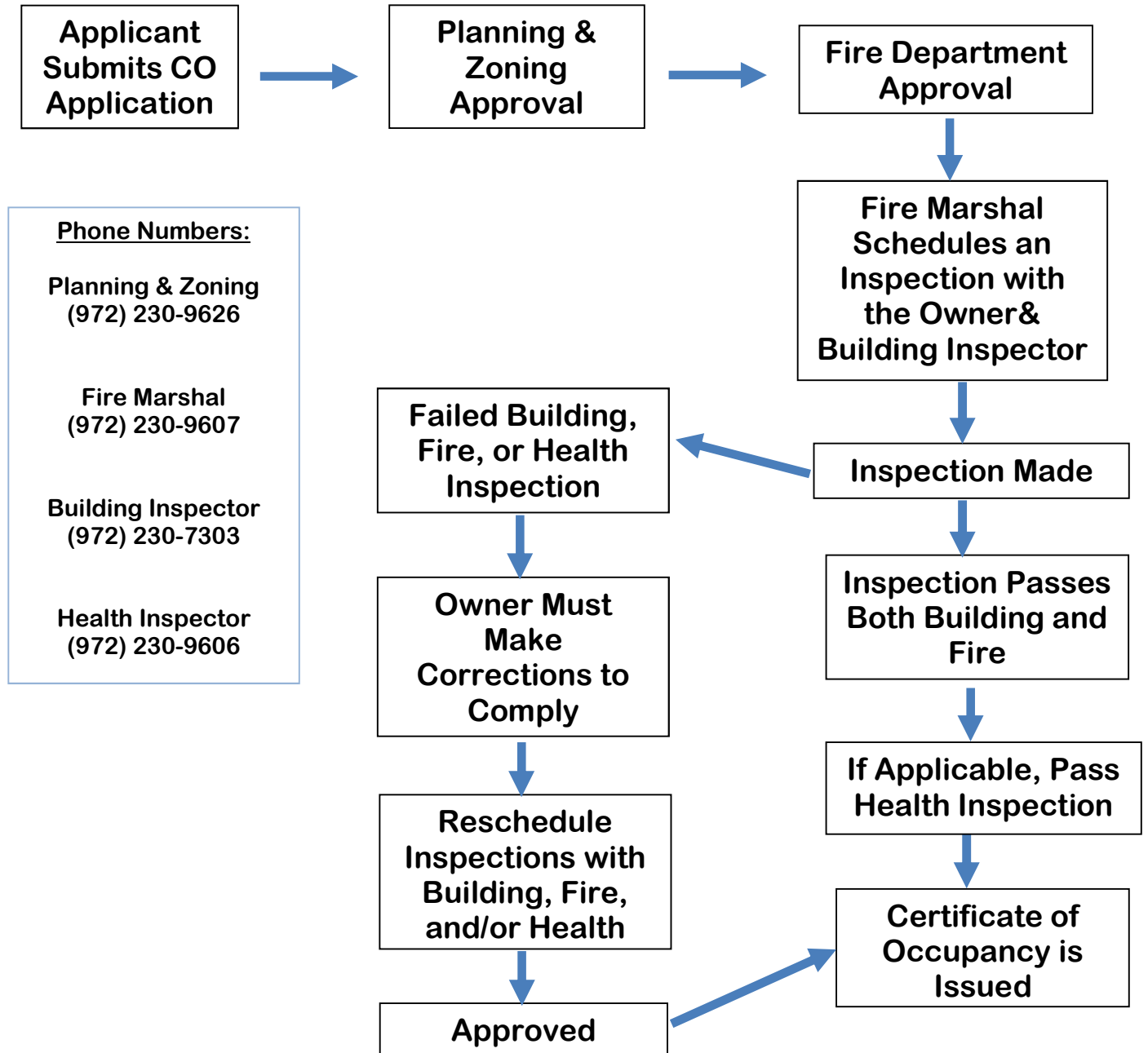
- Circle each one your store sells:
 - Cigars
 - pipe tobacco
 - cigarettes
 - tobacco accessories such as (lighters, matches, cigarette holders and devices used to preserve tobacco, cigars or cigarettes)
- What percentage of your store is dedicated to smoking paraphernalia? (STAFF WILL CALCULATE PERCENTAGE)
 - Example:
 - **Total Square footage** 1500 square feet
 - **Total Dedicated to Smoking Paraphernalia** 500 square feet
 - Total Square footage of your business unit _____
 - Total Dedicated to Smoking Paraphernalia _____

Please use box to give an accurate detailed description of your business:

Date _____

Signature _____

Certificate of Occupancy Process (C.O.)



*****Note: C/O Process is a Minimum of 7- 10 Business Days *****

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Check the status by going to www.portal.iworq.net/DESOTOTX/permits/600