

DATE
CO NO: (OFFICE USE ONLY)



Development Services Department
320 E Jefferson Dallas, TX 75203
(214) 948-4480

**CERTIFICATE OF OCCUPANCY
APPLICATION**

NAME OF BUSINESS		STREET ADDRESS OF BUSINESS		BLDG AND SUITE NO
PROPERTY OWNER/TENANT-OCCUPANT		ADDRESS		CITY
STATE	ZIP CODE	PHONE	EMAIL	
APPLICANT (IF DIFFERENT FROM OWNER/TENANT)		ADDRESS		CITY
STATE	ZIP CODE	PHONE	EMAIL	

DESCRIBE THE PROPOSED USE OF THE PROPERTY (attach additional sheets if necessary)

What is the square footage of the tenant space or building? _____ square feet

<input type="checkbox"/> YES <input type="checkbox"/> NO	Is this a change in use of land, tenant space or building?	See <u>CO Checklist</u> for plan submittal requirements.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Is the proposed use "personal services" (barber/beauty shop, shoe repair, tailor, instructional arts, laundry/dry cleaning pickup/drop-off, photo studio, handcrafted artwork, etc.)	Provide <u>Personal Services Affidavit</u> executed by business owner, see <u>CO Checklist</u> for additional requirements
<input type="checkbox"/> YES <input type="checkbox"/> NO	Will potentially hazardous foods/open foods be sold and/or served?	<u>Food Establishment Permit Application</u> required (only available from City staff)
<input type="checkbox"/> YES <input type="checkbox"/> NO	Will alcohol be sold and/or served?	Provide completed <u>Alcohol Measurement Certification Application Checklist</u> and <u>Alcohol Certification Affidavit Forms</u> .
<input type="checkbox"/> YES <input type="checkbox"/> NO	Will there be a dance floor?	Annual license fee charged to businesses operating a place where dancing is allowed (subject to approval from Dallas Vice Control, call 214-671-3230 for more information. Applications available from Special Collections at 1500 Marilla St. 2DS; M-F, 8am to 5pm, or call 214-670-3438
<input type="checkbox"/> YES <input type="checkbox"/> NO	Is the proposed use a doctor's office, dentist office or other medical office or health care office?	Applicant must execute <u>Ambulatory Health Care Facility</u> form attesting to new or pre-existing conditions & facts pertaining to the health care model for any doctor's, dentists, or other medical offices (except hospitals, emergency rooms & care clinics).
<input type="checkbox"/> YES <input type="checkbox"/> NO	Will you display or offer for sale smoking paraphernalia commonly used, or commonly known to be used, for the inhalation of tobacco or illegal substances (except rolling papers, tobacco cigarettes or cigars)?	If YES, then a <u>Specific Use Permit</u> is required; or, if the use is nonconforming then applicant must provide verifiable proof that the display or sale or paraphernalia, etc. previously existed. Additionally, you must register under Chapter 12B of the Dallas City Code.

I HAVE CAREFULLY READ THE COMPLETED APPLICATION AND KNOW THE SAME IS TRUE AND CORRECT AND HEREBY AGREE THAT IF A PERMIT IS ISSUED ALL PROVISIONS OF THE CITY ORDINANCES AND STATE LAWS WILL BE COMPLIED WITH WHETHER HEREIN SPECIFIED OR NOT. I AM THE OWNER OF THE PROPERTY OR THE DULY AUTHORIZED AGENT. PERMISSION IS HEREBY GRANTED TO ENTER PREMISES AND MAKE ALL INSPECTIONS. I ALSO AFFIRM THAT THE EMAIL ADDRESS GIVEN ABOVE MAY BE USED FOR OFFICIAL COMMUNICATION CONCERNING THIS APPLICATION AND PERMIT.	APPLICANT'S SIGNATURE
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FOR OFFICE USE ONLY

Change in Land Use? <input type="checkbox"/> YES <input type="checkbox"/> NO	Change in Occupancy? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is use Nonconforming? <input type="checkbox"/> YES <input type="checkbox"/> NO
Previous CO Number: _____	Related Permit Number: _____	Related Project
Number: _____		

				BUILDING		MISCELLANEOUS	
LAND USE	BASE ZONING	PD	SUP	CONSTRUCTION TYPE	OCCUPANCY	ACTIVITY	OWN
LOT	BLOCK	REQUIRED PARKING	PROPOSED PARKING	SPRINKLER	OCCUPANT LOAD	FLOOD PLAIN	AIRPORT
LOT AREA	CONSERVATION DST	PARKING AGREEMENT	DELTA CREDITS	STORIES	DWELLING UNITS	BDA	HISTORIC DISTRICT

ROUTE TO	REVIEWED	DATE	COMMENTS	FEE CALCULATIONS (\$)
PRESCREEN				CO APP FEE
ZONING				CE INSP FEE
BUILDING				HEALTH PERMIT APP FEE
CODE				OTHER FEES
OTHER: _____				TOTAL FEES \$