

CERTIFICATE OF OCCUPANCY APPLICATION



City of Dallas

DATE: _____
CO NO: (OFFICE USE ONLY)

NAME OF BUSINESS (DBA)			STREET ADDRESS OF BUSINESS			BLDG AND SUITE NUMBER	
PROPERTY OWNER			ADDRESS			CITY	
STATE	ZIP CODE	PHONE NO	E-MAIL ADDRESS				
MANAGER/OPERATOR OF USE OR BUSINESS			ADDRESS			CITY	
STATE	ZIP CODE	PHONE NO	E-MAIL ADDRESS				
APPLICANT (if different from manager/operator)			ADDRESS			CITY	
STATE	ZIP CODE	PHONE NO	E-MAIL ADDRESS				

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

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

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

<p>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.</p>	<p>APPLICANT'S SIGNATURE</p>
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FOR OFFICE USE ONLY

Change in Land Use? YES NO
 Change in Occupancy? YES NO
 Is Use Nonconforming? YES NO

Previous CO Number: _____
 Related Permit Number: _____
 Related Project Number: _____

ZONING				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 DIST	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 \$