



Phone Number: 361-594-3362 - Fax 361-594-3366

Address: 802 N. Ave E

Email: permits@SHINERTEXAS.GOV

P.O. Box 308

Commercial Certificate of Occupancy Application

| | |
|------------------------------------|------------------------|
| Project Information | Permit # _____ |
| Business Name/Description: _____ | |
| Project Address: _____ | Sq. Ft. _____ |
| INTENDED USE OF SPACE: _____ | |
| Total Occupancy of Building: _____ | Zoning District: _____ |

| | |
|---------------------------|---------------------------------|
| Tenant Information | Contact Person: _____ |
| Company Name: _____ | Street Address: _____ |
| Phone Number: _____ | Email: _____ Cell Number: _____ |

| | |
|--------------------------|---------------------------------|
| Owner Information | Contact Person: _____ |
| Company Name: _____ | Street Address: _____ |
| Phone Number: _____ | Email: _____ Cell Number: _____ |

Does your business involve the storage, sale or use of the following: (Check all that apply)

- | | | | |
|---|---|---|------------------------------------|
| <input type="checkbox"/> Painting with flammables | <input type="checkbox"/> Dry Cleaning Solvents | <input type="checkbox"/> Flammable/combustible liquids (10 gallons or more) | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Combustible Fibers | <input type="checkbox"/> Dust producing process | <input type="checkbox"/> Floor drains in building | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Cellulose Nitrate Film | <input type="checkbox"/> Explosives/Ammunition | <input type="checkbox"/> Food and/or beverage processing, storage or sales | <input type="checkbox"/> Fireworks |
| <input type="checkbox"/> Compressed Gas | <input type="checkbox"/> Recycling Waste | <input type="checkbox"/> Food products | |
| <input type="checkbox"/> Liquid Propane Gas | <input type="checkbox"/> Magnesium | <input type="checkbox"/> High piled stock (over 12' in height) | |
| <input type="checkbox"/> Vehicle Repair Garage | <input type="checkbox"/> Vehicles in Building | <input type="checkbox"/> Poisonous or hazardous chemicals/acids | |
| <input type="checkbox"/> Welding or Cutting | <input type="checkbox"/> Woodworking | <input type="checkbox"/> X-ray Development | |

****Provide chemical data sheets to the Building Inspection Department listing the maximum quantity of all hazardous materials.****

List any material discharged into the drainage system, ground, or atmosphere: _____

It shall be unlawful to use or occupy or permit the use or occupancy of any building or premises created, erected, changed, converted or altered or enlarged in its use or structure until a Certificate of Occupancy shall have been issued by the administrative official. A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

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 type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____

Date: _____

| For City Use Only | | | |
|-------------------------|-------------|------|----------|
| | Approved By | Date | Comments |
| Building Department | | | |
| Public Works Department | | | |
| Fire Department | | | |
| Engineering Dept. | | | |
| Health Permit: | | | |

Issued By: _____

Date Issued: _____

BV Project #: _____