



Phone: (940) 668-4540
 Fax: (940) 668-4536

104 W. Hird Street
 Gainesville, Texas

Certificate of Occupancy Application

Project Information	Permit #: _____
Name/Description: _____	
Project Address: _____ Sq. Ft.: _____	
Lot: _____ Block: _____ Subdivision: _____	
INTENDED USE OF SPACE: _____	
Total Occupancy of Building: _____ Number of Parking Spaces: _____	

Owner Information	
Company Name: _____	Contact Person: _____
Street Address: _____	
Phone Number: _____	Fax Number: _____ Mobile Number: _____

Tenant Information	
Company Name: _____	Contact Person: _____
Street Address: _____	
Phone Number: _____	Fax Number: _____ Mobile 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: _____

Print Name: _____

OFFICE USE ONLY

Building Approved by:	_____
Zoning Approved by:	_____
Engr Approved by:	_____
PW Approved by:	_____
Health Approved by:	_____
Fire Approved by:	_____

Occupancy Type: _____

Occupancy Load: _____

Construction Type: _____

Zoning District: _____

BV Project #: _____

Permit Fee: _____



Phone: (940) 668-7777
Fax: (940) 668-4575

201 Santa Fe Street
Gainesville, Texas 76240

Gainesville Police and Fire Department Business Information Form

Business Name: _____

Address: _____

Telephone: _____

Business Owner: _____

Address: _____

Telephone: _____

After Hours Contact Information

Please list all names and phone numbers of individuals who should be contacted in case of an after hour emergency. Please list names in the order they should be contacted.

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

4. _____ Phone: _____

Alarm Information

Do you have an alarm system? Yes No

Please list the locations of all the lights, which are left on after hours: _____

Do Not Write Below This Line. For Department Use Only.

Date Completed: _____

Person Receiving Form: _____