



COMMERCIAL CERTIFICATE OF OCCUPANCY

Development Services

142 N. Ohio St.

City of Celina, Texas

PERMIT # _____

CITY STAFF USE ONLY

\$100.00 Registration Fee

Cash Check Credit Card

Application is made to the City of Celina for the Certificate of Occupancy Authorizing the use of building and/or vacant land.

An incomplete application may delay the review process or cause denial of the application.

BUSINESS NAME:	
DBA (if applicable):	
BUSINESS ADDRESS (include suite #):	

APPLICANT NAME:	
APPLICANT ADDRESS:	CITY/STATE/ ZIP:
EMAIL:	PHONE:

BUSINESS OWNER NAME:	
BUSINESS OWNER ADDRESS:	CITY/STATE/ ZIP:
EMAIL:	PHONE:

PROPERTY OWNER NAME:	
PROPERTY OWNER ADDRESS:	CITY/STATE/ ZIP:
EMAIL:	PHONE:

DESCRIBE IN DETAIL BUSINESS USE:	
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Floor Plan to be submitted with this application and shall include: Total Gross Floor Area and Floor Area of Each Room.

Business/Property use: Retail Wholesale Manufacturing Religious Service
 Distribution Office Warehouse Medical Other _____

TYPE OF C.O. APPLICATION:

Is this a New Business? Is this a Change of Ownership? Is this a Change of Business Name?
 Other (identify) _____

Smoking is prohibited. See ARTICLE 6.08 SMOKING www.celina-tx.gov Municipal Code.

Is this a Medical Facility? Yes or No Is this building equipped with an Automatic Fire Sprinkler System? Yes or No



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CHECK ALL FEATURES OF THE BUILDING AND/OR THE PROPERTY

Septic System Above or underground Tank(s) Water Well Paint Booth Grease / Sand Trap

PLEASE SELECT: (Please check all applicable – below.)

- | | | |
|--|--|--|
| <input type="checkbox"/> YES, if the occupancy/business involves storage, sale or use of the following: | | |
| <input type="checkbox"/> Alcohol sales | <input type="checkbox"/> Flammable or combustible liquids (10 gal or more) | <input type="checkbox"/> Poisonous/hazardous chemicals/acids |
| <input type="checkbox"/> Alcohol beverages | <input type="checkbox"/> Floor drains in building | <input type="checkbox"/> Recycling waste |
| <input type="checkbox"/> Bales of loose combustible fibers | <input type="checkbox"/> Food and/or beverage processing, storage or sales | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Cellulose nitrate film | <input type="checkbox"/> Food Products | <input type="checkbox"/> Vehicle repair or garage |
| <input type="checkbox"/> Compressed gas | <input type="checkbox"/> High piled stock (over 12 feet in height) | <input type="checkbox"/> Vehicles within building/structure |
| <input type="checkbox"/> Dry cleaning (flammable solvents) | <input type="checkbox"/> Liquid propane | <input type="checkbox"/> Welding or cutting |
| <input type="checkbox"/> Dust producing process | <input type="checkbox"/> Magnesium | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Explosives or ammunition | <input type="checkbox"/> Painting with flammables | <input type="checkbox"/> X-ray development |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other hazards (specify on line provided below) | <input type="checkbox"/> Medical equipment |

Other hazards (please specify) _____

NO, the occupancy or business does NOT involve storage, sale, or use of the any of the above-noted. _____ initials

AREAS (sf):

Office Space Restaurant Retail Sanctuary
 Warehouse Manufacturing Other SF used for Storage

Does this include 'fixed seating'? Yes or No How many in 'fixed seating' area? _____

Does this include 'patio seating'? Yes or No How may in 'patio seating' area? _____

TOTAL _____ SF (include all of the above)

I hereby verify all sections of this application are completely filled out and accurate. **Applications with "Original" signatures ONLY.**

_____ APPLICANT'S SIGNATURE	_____ DATE	_____ EMAIL
_____ APPLICANT'S PRINTED NAME	_____ CELL	_____ TELEPHONE
		_____ FAX

REVIEW APPROVALS ARE REQUIRED PRIOR TO ISSUANCE:

- The zoning is verified to determine if the proposed use is allowed and a site inspection is conducted for compliance with zoning regulations such as required parking, landscaping, screening, etc.
- Inspections of the structure are required for compliance with the Building, Electrical, Plumbing, Mechanical and FIRE CODE.
- A Code Enforcement inspection is required for all AUTO RELATED BUSINESSES; and annual \$200.00 "Auto Related Business" inspection fee is required.**
- Food Establishments are required to complete a **HEALTH PERMIT APPLICATION AND SUBMITT TO DEVELOPMENT SERVICES.**
- SIGNS:** Please review the current Sign Ordinance at www.celina-tx.gov – Planning and Development Services.