



Life Connected.

# COMMERCIAL CERTIFICATE OF OCCUPANCY

Development Services  
142 N. Ohio St.  
City of Celina, Texas

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**

<b>BUSINESS NAME:</b>
<b>DBA (if applicable ):</b>
<b>BUSINESS ADDRESS</b> (include suite #):

<b>APPLICANT NAME:</b>	
<b>APPLICANT ADDRESS:</b>	<b>CITY /STATE/ ZIP:</b>
<b>EMAIL:</b>	<b>PHONE:</b>

<b>BUSINESS OWNER NAME:</b>	
<b>BUSINESS OWNER ADDRESS:</b>	<b>CITY/STATE/ ZIP:</b>
<b>EMAIL:</b>	<b>PHONE:</b>

<b>PROPERTY OWNER NAME:</b>	
<b>PROPERTY OWNER ADDRESS:</b>	<b>CITY/STATE/ ZIP:</b>
<b>EMAIL:</b>	<b>PHONE:</b>

**DESCRIBE IN DETAIL BUSINESS USE:**

**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  Office  
 Distribution  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](http://www.celina-tx.gov) Municipal Code.

Is this a **Medical Facility**? Yes No

Is this building equipped with an **Automatic Fire Sprinkler System**? Yes No

Does this business require outdoor storage? If yes, explain and give sq. footage. \_\_\_\_\_

\_\_\_\_\_



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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.)

YES, if the occupancy/business involves storage, sale or use of the following:

- Alcohol sales, Flammable or combustible liquids (10 gal or more), Poisonous/hazardous chemicals/acids, Alcohol beverages, Floor drains in building, Recycling waste, Bales of loose combustible fibers, Food or beverage processing, storage, sales, Smoking, Cellulose nitrate film, Food Products, Vehicle repair or garage, Compressed gas, High piled stock (over 12 feet in height), Vehicles within building/structure, Dry cleaning (flammable solvents), Liquid propane, Welding or cutting, Dust producing process, Magnesium, Woodworking, Explosives or ammunition, Painting with flammables, X-ray development, Fireworks, Other hazards (specify below), 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 Retail Restaurant 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 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

REVIEW APPROVALS ARE REQUIRED PRIOR TO ISSUANCE:

- a. 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.
b. Inspections of the structure are required for compliance with the Building, Electrical, Plumbing, Mechanical and FIRE CODE.
c. A Code Enforcement inspection is required for all AUTO RELATED BUSINESSES; an annual "Auto Related Business" inspection fee is required,
d. Food Establishments are required to complete a HEALTH PERMIT APPLICATION AND SUBMITT TO DEVELOPMENT SERVICES.
e. SIGNS: Please review the current Sign Ordinance at www.celina-tx.gov - Planning and Development Services.