



CITY OF TEXARKANA TEXAS

Community & Public Works Department
Inspection Division

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Office Use Only-Zoning
Approved by Director
Community & Public Works

APPLICATION FOR CERTIFICATE OF OCCUPANCY ALL BUSINESSES MUST HAVE A VALID CERTIFICATE OF OCCUPANCY (C/O)

Therefore, due to one of the following, completion of this application is required:

- ◆ You have requested a commercial account inspection
- ◆ You are operating a business without a Certificate of Occupancy (C/O)
- ◆ You are a new business which requires a Certificate of Occupancy (C/O)

BUSINESS INFORMATION

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

IS THE BUSINESS LEASED OR OWNED: _____ HOW MANY EMPLOYEES: _____

HOW MANY BATHROOMS: _____ HOW MANY HANDICAP BATHROOMS: _____

BUSINESS USE **BE SPECIFIC** (changes, additions, alterations which are **NOT SPECIFIED ON THIS APPLICATION** will **VOID** this Application) *Use reverse side if necessary*

PERSONAL INFORMATION

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____ CELL PHONE: _____

EMERGENCY INFORMATION (IF YOU ARE NOT AVAILABLE, WHO MAY BE CONTACTED)

CONTACT NAME: _____

CONTACT ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____ CELL PHONE: _____

I CERTIFY ALL THE ABOVE INFORMATION IS ACCURATE. **FAILURE TO COMPLY WITH THIS APPLICATION OR SPECIFIC USAGES** FOR THE BUILDING HAVE NOT BEEN AUTHORIZED, I UNDERSTAND THIS APPLICATION AND **CERTIFICATE OF OCCUPANCY** MAY BECOME **VOID**.

SIGNATURE DATE