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City of Odessa  
 411 W 8<sup>th</sup> St  
 P.O. Box 4398  
 Odessa, Texas 79760

**CERTIFICATE OF OCCUPANCY APPLICATION**

Incomplete or Illegible Applications Will Not Be Processed

<b>BUILDING INFORMATION</b>					
PLEASE PRINT					
<input type="checkbox"/> Building Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Both <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Fire Sprinkler              (Check Applicable)					
Building Address:			Suite/Space:		
Building Owner or Management Company:					
Is this a standalone building: <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this building have other lease spaces: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are existing fire rated assemblies in place: <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes existing fire rated assemblies rating included: _____					
Phone:		Email:			
<b>BUSINESS INFORMATION</b>					
PLEASE PRINT					
<input type="checkbox"/> New Business <input type="checkbox"/> Relocation <input type="checkbox"/> New Owner <input type="checkbox"/> Name Change              (Check Applicable)					
Business Name:					
Mailing Address:					
City:		State:	Zip Code:		
Phone:	Fax:	Email			
Type of Business:					
<b>Applicant Information</b>					
PLEASE PRINT					
Name:		Address:			
City:		State:	Zip:		
Phone:		Email:			
<b>Business Use / Property Use</b>					
PLEASE PRINT					
<input type="checkbox"/> Retail: _____ SF <input type="checkbox"/> Office: _____ SF <input type="checkbox"/> Church: _____ SF	<input type="checkbox"/> Warehouse: _____ SF <input type="checkbox"/> Restaurant: _____ SF <input type="checkbox"/> Day Care: _____ SF	<input type="checkbox"/> Auto Repair: _____ SF <input type="checkbox"/> Night Club: _____ SF <input type="checkbox"/> Other:(Specify) _____			
<input type="checkbox"/> <b>YES</b> , the occupancy / business involves storage, sale, or use of the following (Please check all applicable – below)					
<input type="checkbox"/> <b>NO</b> , the occupancy / business does NOT involve storage, sale or use of any of the following					
<table style="width:100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 2px;"> <input type="checkbox"/> Alcohol Sales  <input type="checkbox"/> Alcohol Beverages  <input type="checkbox"/> Bales of Loose Combustible Fibers  <input type="checkbox"/> Cellulose Nitrate Film  <input type="checkbox"/> Compressed Gas  <input type="checkbox"/> Dry Cleaning (Flammable Solvents)  <input type="checkbox"/> Dust Producing Process  <input type="checkbox"/> Explosives or Ammunition  <input type="checkbox"/> Flammable or Combustible Liquids (10 Gallons or More)               </td> <td style="width: 50%; vertical-align: top; padding: 2px;"> <input type="checkbox"/> High Pile Storage (Over 12' In Height)  <input type="checkbox"/> Liquid Propane  <input type="checkbox"/> Magnesium  <input type="checkbox"/> Painting With Flammables  <input type="checkbox"/> Poisonous / Hazardous Chemicals / Acids  <input type="checkbox"/> Vehicle Repair Garage  <input type="checkbox"/> Welding or Cutting  <input type="checkbox"/> Wood Working               </td> </tr> </table>				<input type="checkbox"/> Alcohol Sales <input type="checkbox"/> Alcohol Beverages <input type="checkbox"/> Bales of Loose Combustible Fibers <input type="checkbox"/> Cellulose Nitrate Film <input type="checkbox"/> Compressed Gas <input type="checkbox"/> Dry Cleaning (Flammable Solvents) <input type="checkbox"/> Dust Producing Process <input type="checkbox"/> Explosives or Ammunition <input type="checkbox"/> Flammable or Combustible Liquids (10 Gallons or More)	<input type="checkbox"/> High Pile Storage (Over 12' In Height) <input type="checkbox"/> Liquid Propane <input type="checkbox"/> Magnesium <input type="checkbox"/> Painting With Flammables <input type="checkbox"/> Poisonous / Hazardous Chemicals / Acids <input type="checkbox"/> Vehicle Repair Garage <input type="checkbox"/> Welding or Cutting <input type="checkbox"/> Wood Working
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Other Hazards (Please Specify) _____					

		YES	NO
1.	Are you enlarging an existing tenant space by combining suites or portions of suites? List lease spaces being combined: _____		
2.	Is or will there be any building, site or interior alterations or remodel?		
3.	Will you store, use, dispense, or mix flammable or combustible liquids excluding those used for maintenance for operation of equipment's? If so, specify the type of product and the projected quantities. Please attach separate list and all MSDS.		
4.	Will you handle or use any hazardous or toxic chemicals such as but not limited to oxidizers, corrosive liquids, poisonous gases, and radioactive materials. If yes, specify the type and projected quantities. (Attach separate sheet if necessary and all MSDS) _____		
5.	Will any portion of the building/space be utilized as a classroom, training room or daycare? If yes, provide the following: <input type="checkbox"/> Age 0-2 ½ _____ (Number of students) <input type="checkbox"/> Older than 2 ½ (Number of students/people)		

### Certificate of Occupancy Requirements

1. **Floor Plan:** An accurate scale drawing showing the floor plan of your establishment will need to be submitted to the Building Official for review and placement in the Inspection Division files. It must indicate the measurements in feet and inches of all walls, room partitions, columns, doors, exits and any stationary items within your building or space and each room must be labeled as to its proposed use such as office, storage, closet, men and women's restroom, etc. This is to check for code compliance and to compute the maximum occupancy of the space.
2. **Electrical:** All electrical outlets, switches, circuits, equipment, etc. Must be in a code acceptable condition and in good working order. Any repairs to circuits and the replacement, alteration or installation of any new electrical lines, circuits or fixtures will require electrical permits and must be done by a licensed electrical contractor.
3. **Plumbing:** All the plumbing items must be code acceptable condition and in good working order. Repairs to plumbing pipes or replacement of fixtures will require a plumbing permit and must be done by a licensed plumbing contractor.
4. **Heating/Air Conditioning:** All HVAC must be in good working order. Repairs or installation of heating and air conditioning must be done by a licensed heating and air conditioning contractor.
5. **Inspections:** An inspection of the interior and exterior of the structure or lease space is required. Only mechanical, electrical and plumbing contractors may call for inspection on the work they performed. The owner or tenant may call for a C/O inspection but must have the permit number.
6. **Certificate of Occupancy:** Upon the completion of all inspections and outstanding items requiring correction, the Certificate of Occupancy will be issued and mailed to the place of business or maybe picked up at our office.

Additional inspections may also be required from the Fire and Health Departments. Copies of those inspections will need to be given to the Inspection Division prior to the issuance of the Certificate of Occupancy.

AFFIDAVIT

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 herein 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: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_