



Certificate of Occupancy Application

PLEASE PRINT CLEARLY

Name of Business _____

Address _____ Ste. # _____ Zip Code _____

Zoning Classification _____ Doing Business As (DBA)/Tax ID# _____

(Please visit the kiosk at the Planning & Zoning desk to find out the zoning classification of your business.)

(To apply for a DBA please visit www.dallascounty.org)

Mailing Address (if different) _____

State or Other Certificate(s) or License(s) required to operate applicant's business

License/Cert Name _____ License/Cert# _____

Date of Expiration of License/Cert _____

APPLICANT: PLEASE ANSWER ALL QUESTIONS COMPLETELY

Reason For Application:

New Occupancy

Change of Ownership

Change of Name

Business Expansion

Change of Location

New Building (Never Occupied)

Provide a description of all operations, activities and uses _____

Square feet occupied by tenant _____ **(A floor plan is required. This may be obtained from your landlord.)**

Number of Parking Spaces _____ **(A parking plan is required. This may be obtained from your landlord.)**

Number of Employees or workers (including business owner) occupying unit _____

Business Operating Days of the Week and Daily Hours _____

BUILDING DEPARTMENT INFORMATION

B1. The applicant is aware that a separate sign/banner permit must be obtained separately from the certificate of occupancy permit prior to installing or displaying any signage. Y N

B2. Will utilities connections (water, electric, gas) be the primary responsibility of the property owner or the applicant?

B3. The applicant is aware that a permit is required for a gas pressure test and will also require a passing inspection before gas service is released to Atmos? Y N

B4. Does the occupancy currently have an in-ground irrigation system? Y N

B5. The applicant understands that a separate permit is required by the agent or the applicant who intends to construct, enlarge, alter, repair, move, demolish or change the building or structure. Y N

B6. The applicant understands that a separate permit will be required to erect, install, enlarge, alter, repair, remove, convert or replace any gas, mechanical, electrical or plumbing system. Y N

B7. Will there be storage of any merchandise or materials outside of the building or in public view? Y N

B8. Will there be storage of oversized vehicles outside of the building or in public view? Y N

B9. Applicant understands that the application will not be approved if the property has current code violations? Y N

B10. Applicant understands no business operation can be transacted until the certificate of occupancy has been issued? Y N

B11. The applicant understand that for occupancy inspections, the building must be 90% ready at the time of inspection unless authorized by the building official? Y N

B12. The applicant understand that all inspections must be completed before a certificate of occupancy will be issued? Y N

BUSINESS CLASSIFICATION

Assembly

Includes but not limited to:

- 1 - Restaurants, food service (A2)
- 2 - Banquet Halls (A2)
- 3 - Non Fixed Seating (A2)
- 4 - Worship (A3)
- 5 -Indoor Sporting (A4)

Storage Utility Miscellaneous

Includes but not limited to:

- 1. Furniture, Metals appliances (S1)
- 2. Auto repair garages with max hazard materials
- 3. Clothing, Leather, Boots, Shoes (1)

Factory/Industrial

Includes but not limited to:

- 1. Low hazard metal products (brick, masonry, auto repair)
- 2. Moderate-hazard carpet, clothing, printing, electronics
- 3. High-hazard combustible fibers, flammable solids, flammable gas

Education

Includes but not limited to:

- 1. Six persons in grades 6-12 (E)
- 2. Day cares having 5 or more older than 2.5 years old

Mercantile/Retail

Includes but not limited to:

- 1. Retail or wholesale stores (M)
- 2. Drug Store (M)
- 3. Motor + Fuel dispensing (M)

Business

Includes but not limited to:

- 1. Offices (B)
- 2. Barber and Beauty Shop (hair weaving or braiding) (B)
- 3. Education for Students above 12 grade (B)
- 4. Food processing not connected to a restaurant (B)
- 5. Professional services (architect's, attorneys, doctor or dentist) (B)

Occupancy Institutional

Includes but not limited to:

- 1. Assisted Living (1)
- 2. Child/Adult Day Care (4)
- 3. Medical/Nursing Care

HEALTH DEPARTMENT INFORMATION

H1. At any time, will food or consumable products be manufactured, packaged, stored, distributed, prepared or sold in the occupancy? If yes, please advise the type of product and how it will be processed? Y N

H2. Will the manufacturing, preparing, packaging, distributing, storing, serving or selling of any alcohol products be conducted in the occupancy? If yes, please advise of product and processes. Y N

H3. Will the applicant be applying for a state TABC license for a mixed beverage permit? Y N

If so, the applicant understand that a beer and wine permit must be obtained with the City of Duncanville? Y N

H4. Will the applicant be applying to the city and TABC for a private club permit? Y N

H5. Will any events be held at this location? Y N

If so, please give a description of the type of events that will be held at this location.

H6. The applicant understands that if a health inspection is required, a health permit must be obtained with the City of Duncanville? Y N

H7. The applicant understands that if a health inspection is required, the property owner will be required to activate water services until all inspections have passed? Y N

H8. The applicant understands that equipment must be in place and working? Y N

H9. The applicant understands that coolers and freezers must meet temperature requirements? Y N

H10. The applicant understands that a food manager's certification must be obtained before a certificate of occupancy can be issued? Y N

FIRE DEPARTMENT INFORMATION

F1. Will the occupancy use or store any poisonous or hazardous materials or substances? If yes, please list the material(s) or substance(s) and the quantity and how it will be used and/or stored. (Pallets, boxes, in racks, inside or outside the occupancy, etc) Y N

F2. Will flammable or combustible liquids be used or stored inside or outside the occupancy? If yes, please list the substance(s) and if any quantity will exceed 10 gallons. Y N

F3. Will the occupancy store any solid combustibles? Please list (ex. furniture, carpet, lumber, etc.) Y N

F4. Will the occupancy contained compressed gas cylinders inside or outside of the property? If yes, please list the type of gas(s), quantities and location to be stored. Y N

F5. Will LP (liquid propane) gas be used or stored inside or outside of this occupancy? If yes, please list quantities to be used and stored on the premise. Y N

F6. Does the occupancy currently contain a commercial paint spray booth? Y N

If yes, is the spray booth protected by an automatic fire suppression system? Y N

F7. Will spraying of any substance be performed in the occupancy? Y N

If yes, please give details of product and process involved.

F8. Will sanding, blasting, cutting, processing or manufacturing be done in the occupancy that will cause dust particles or shavings to be produced? Y N

If yes, please list the product/material(s) being used, the type of processing performed, and what fire protection measures are being taken.

F9. Are there any above or underground storage tanks on the occupancy premise? Y N

If yes, what size is/are the tanks and is/are any substance(s) currently being stored in the tank(s). What substance(s) are being stored?

F10. Does the occupancy currently have gating, fencing or objects that currently cross over or impede into any fire lanes or fire access ways to the property structure? If yes, please give details and location. Y N

F11. Is the building/structure equipped with a commercial notifying fire alarm system? (Please confirm with building owner/manager if not certain). Y N

F12. Is the building/structure equipped with a commercial automatic fire sprinkler suppression system throughout the structure? (Please confirm with building owner/manager if not certain). Y N

F13. Is the occupancy equipped with an automatic fire suppression kitchen hood system over kitchen cooking appliances?
Y N System must have been inspected within last 6 months.

F14. Will the occupancy operate as a day care/child care, group home, assisted living, nursing home, private or training school or medical/dental facility performing sedation procedures? If yes, please give details of type of business, kind of care, hours of care and approximate age and number of clients or sedations procedures performed. Please list any state licenses currently held for any such business and the expiration date of the license(s). Y N

F14. The applicant understands that smoke detectors and fire extinguishers (a minimum of a 5 lb. ABC) are required in all businesses? Y N

PROPERTY OWNER INFORMATION

(must match DCAD)

Business Name: _____ Name: _____

Phone No.: _____ Email: _____

Address: _____ City/State: _____ Zip Code: _____

1) If owned by a partnership please list name, address and phone number of each partner **or**

2) If owned by a corporation, please list state/country of registration, mailing address, business location, phone number, individual in charge of office and names of all directors.

PROPERTY MANAGER INFORMATION

(must match DCAD or lease agreement)

Business Name: _____ Name: _____

Phone No.: _____ Email: _____

Address: _____ City/State: _____ Zip Code: _____

Please read the following page carefully.

APPLICANT INFORMATION

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. I UNDERSTAND THAT SUBMITTAL OF THIS APPLICATION IN NO WAY IMPLIES ACCEPTANCE OF CERTIFICATE OF OCCUPANCY OR PERMISSION TO OCCUPY SPACE. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS USE AND OCCUPANCY WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A CERTIFICATE OF OCCUPANCY NEITHER AUTHORIZES THE VIOLATION OF ANY FEDERAL OR STATE STATUE OR CITY ORDINANCE, NOR NEGATES ANY DEED RESTRICTION.

I UNDERSTAND THIS IS AN APPLICATION FOR A CERTIFICATE OF OCCUPANCY ONLY AND IS NOT A PERMIT TO OPERATE.

For applications submitted electronically, please type in your name as acknowledgment. Completed applications can be submitted to: permits@duncanville.com.

Please submit the floor plan, the parking plan, and lease agreement along with this application. Applications will not be accepted without these items.

Applicant Name: _____

Address: _____

City/State: _____ Zip Code: _____ Phone #: _____

State Issued ID/DL #: _____ Email: _____

Signature of Applicant

Date

Printed Name of Applicant

OFFICE USE ONLY

Date received: _____ Received by: _____

INFORMATION SHEET

Building Inspection

Building Inspection -Information	972-780-5041
Health Sanitarian	972-780-4963
Building Official	972-780-5042

Public Works

Water/Wastewater - Information	972-780-4900
Cross-Connection Inspector	972-780-5079

Fire Department

Fire - Information	972-780-4920
Fire Marshal	972-780-5049
Fire Inspector	972-780-5047

Economic Development

Director	972-780-4997
Coordinator	972-780-5090

For information on Knox Lock Program, contact Fire Marshal's Office.

- ↗ **For new occupancy inspections, the building must be 90% ready at the time of inspection unless authorized by the Building Official.**
- ↗ **Inspections must be completed before a Certificate of Occupancy will be issued.**
- ↗ **Smoke detectors and fire extinguishers (a minimum of a 5lb. ABC) are required in all businesses.**



Duncanville Fire Department

"Protecting Lives and Property with Pride and Tradition"

MINIMUM REQUIREMENTS FOR CERTIFICATE OF OCCUPANCY

1. A minimum of one, 5 pound, (2A 10BC) ABC dry chemical fire extinguisher with the receipt from the date of purchase or tag from a fire extinguisher company shall be installed. More may be required by the AHJ. Businesses occupying buildings with a common area hallway *may* be exempt from the extinguisher requirement if extinguishers are available for use. Additional extinguishers may be required.
2. At least one smoke detector shall be installed. The detector shall be mounted on the ceiling or within 12 inches of the ceiling on a wall. The detector may be powered by battery or 110 volt (licensed electrician required for installation). Additional detectors may be required. Buildings equipped with automatic fire alarms may meet the smoke detector requirement.
3. Exit and emergency lights shall be working if present. The electricity must be turned on for verification they are working. Businesses without exit or emergency lights may be required to add them after initial inspection or plan review.
4. Exit doors must operate freely and no additional locks are allowed during business hours (one operating motion to get out). Panic hardware (if present) shall be in good condition and operate easily. Not all exit doors are required to have panic hardware. Generally these are required in assembly, educational, institutional or other high life hazard occupancies.
5. Exit doors, pathways, stairs, and exterior space behind doors must be clear.
6. Address must be visible from the street or parking lot. Businesses with rear doors must place address numbers or suite number on door.
7. Businesses protected by automatic sprinklers, extinguisher systems or any other automatic fire protection must be inspected and in compliance by your licensed provider.
8. Before calling for an inspection the business should be about 90% ready to open. This will allow inspectors the opportunity to see the business as it will operate and allow time for modifications or corrections if needed.

All occupancy inspections are scheduled through Duncanville Code Enforcement. Occupancy inspections are conducted on Wednesdays from 1:00 PM to 4:00 PM, and on Thursdays from 9:00 AM to 12:00 PM. To schedule an inspection, please contact Duncanville Code Enforcement at (972) 780-5040.

For questions concerning Fire Code Requirements for a Certificate of Occupancy, or to obtain additional information, please contact Duncanville Fire Prevention at (972) 780-5047.

WELCOME TO DUNCANVILLE AND GOOD LUCK WITH YOUR BUSINESS!