



Certificate of Occupancy Permit

Project Address:			Date:	
Block:	Lot:	Tax ID:	Zoning:	
Property Owner:			Phone:	
Type of Permit: <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Occupant <input type="checkbox"/> Change of Name <input type="checkbox"/> Clean & Show <input type="checkbox"/> Land Occupancy <input type="checkbox"/> Shell Building <input type="checkbox"/> In-home daycare: Are you the Primary Resident of the Project Address: Yes / No				
Contractor	Address	City, State Zip	Phone	
Electric:				
Plumbing:				
Other:				
Business Name:			Previous Business:	
Type of Business:			Use of Space:	
Square Footage:			Lot Size:	
<u>Gas Required</u> Yes / No	<u>Electric Required</u> Yes / No	<u>Fire Sprinkled</u> Yes / No	<u>Fire Alarm</u> Yes / No	<u>RPZ Installation</u> Yes / No
A separate permit is required for each tenant space and/or building				
AN ISSUED PERMIT BECOMES INVALID IF THE WORK ON THE SITE AUTHORIZED BY THE PERMIT DOES NOT COMMENCE WITHIN 180 DAYS OF ISSUANCE, OR IF THE WORK ON THE SITE IS INCOMPLETE DUE TO SUSPENSION OR ABANDONMENT 180 DAYS AFTER THE WORK COMMENCED. ALL PERMITS REQUIRE A FINAL INSPECTION.				
I HEREBY CERTIFY THAT I AM AN AUTHORIZED AGENT OF THE OWNER, AND HAVE THE OWNER'S CONSENT TO ENTER ONTO THE PROPERTY TO COMPLETE THE WORK. AFTER CLOSE REVIEW OF THIS APPLICATION, I FURTHER CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THE WORK SHALL COMPLY WITH ALL PROVISIONS OF LAWS AND ORDINANCES, WHETHER SPECIFIED OR NOT. THE GRANT OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY FEDERAL, STATE, OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.				
Printed Name of Applicant: _____			Date: _____	
Signature of Applicant: _____				
Office Use Only				
	Inspection Dept	Signature	Approved / Denied	Date
<input type="checkbox"/>	City Inspector (903) 654-4870		Yes / No	
<input type="checkbox"/>	Fire Marshal (903) 654-4961		Yes / No	
<input type="checkbox"/>	Environmental (903) 875-9657		Yes / No	
<input type="checkbox"/>	P&Z Manager (903) 654-4870		Yes / No	
<input type="checkbox"/>	Health Dept (903) 874-4724		Yes / No	
<input type="checkbox"/>	Engineer (903) 654-4891		Yes / No	

This handout is for informational purposes only and should not be relied on in place of official regulations and/or policies. The City of Corsicana makes no representations, guarantees, or warranties as to the accuracy, completeness, currency, or suitability of the information provided via the handout. Customers and citizens are personally responsible for complying with all local, state and federal laws pertaining to projects within the City. Copies of the City of Corsicana adopted codes and Zoning Ordinances can be found on the city website at www.ci.corsicana.tx.us or at the City of Corsicana Planning & Zoning Department located at 200 N. 12th St., Corsicana, TX 75110.