



**COMMERCIAL  
CERTIFICATE OF OCCUPANCY REQUEST  
TO REOCCUPY AN EXISTING STRUCTURE  
CITY OF SOUTHLAKE BUILDING INSPECTIONS**

Property Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
*(Street Address)*

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Subdivision: \_\_\_\_\_

\*Property Owner or Landlord: \_\_\_\_\_ \*Telephone No: \_\_\_\_\_

\*Owner's Address: \_\_\_\_\_  
*(Address) (City, State, Zip)*

\*Name of Business: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Business Owner's or Manager's Name: \_\_\_\_\_

**CIRCLE USES OF BUILDING (All that apply)**

RETAIL CHURCH FOOD SERVICE INSTITUTIONAL MANUFACTURING OFFICE  
SCHOOL WAREHOUSE PERSONAL SERVICE NAME OF OTHER \_\_\_\_\_

Provide written description of business (What you do, products you handle, manufacture, store, sell etc.) \_\_\_\_\_

Reason for request: New tenant Change of name Change of owner Other \_\_\_\_\_

Total Area (sq. ft.) of premises \_\_\_\_\_ Office use (sq. ft.) \_\_\_\_\_ Warehouse use (sq. ft.) \_\_\_\_\_

Is there to be any outside storage or outside display of merchandise? \_\_\_\_\_; if yes, attach site plan with details.

- Tri County Electric \_\_\_\_\_, Oncor Electric Delivery \_\_\_\_\_, Atmos Energy (gas) \_\_\_\_\_
- Is the Proposed Use of Property The Same as Previous Use? Yes \_\_\_\_\_ Or No \_\_\_\_\_  
If No, Submit a Parking Analysis of the Site.
- Will There Be Any Building or Site Alterations? Yes \_\_\_\_\_ Or No \_\_\_\_\_
- Are there existing or proposed backflow prevention devices? Yes \_\_\_\_\_ Or No \_\_\_\_\_ Unknown \_\_\_\_\_
- Do You Plan to Install / Alter Signs for the Proposed Use? Yes \_\_\_\_\_ Or No \_\_\_\_\_
- Will Business Generate Industrial Waste Discharge (Grease, Grit, Chemicals, etc.) to Sewer System? Yes \_\_\_\_\_ Or No \_\_\_\_\_
- Will Business Store or Handle Hazardous Materials or Liquids as Defined by the International Fire Code?  
Yes (attach list, quantities, MSD Sheets) \_\_\_\_\_ Or No \_\_\_\_\_ Unknown \_\_\_\_\_

Application is hereby made to occupy the premises as listed above according to the ordinances and codes of the City of Southlake. I understand it is a violation to occupy without a Certificate of Occupancy issued by the Building Official.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

<p align="center"><b>Office Use Only</b></p> <p>Zoning _____</p> <p>Construction Type _____</p> <p>Occupancy Group _____</p> <p>Sprinkled _____</p>	<p align="center"><b>Approved for Inspection</b></p> <p>Zoning By _____</p> <p>Building By _____</p> <p>Date _____</p> <p>Notes _____</p>
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## City of Southlake Guidelines for Certificate of Occupancy

### New Construction

- **CO Inspection for a Building Permit** consists of a Building, Landscaping, Engineering, and Lot grade approval before a CO can be released. See Commercial Guidelines packet for details.

### Reoccupy an Existing Structure

- **CO Inspection for Re-Occupancy** requires Zoning Approval, Building Inspection and Fire Inspection before Utilities be released.

In cases where no utility release is needed (**i.e. landlord pays bills**) then a Certificate of Occupancy is **not** required for tenant change unless

1. **It is a medical office or medical related occupancy**
2. **There is a change of occupancy classification as defined in Building and Fire Code.**

1. Application is made on the form provided and the inspection is fee paid at permit issuance.
2. Planning Department determines the zoning of the property and if the requested use is appropriate in that district. A copy of application is sent to Planning and approved or rejected.
3. If the occupancy group as classified by the building code is different than the previous occupant then a plan review may be required prior to application approval.
4. Copies of the application are distributed to the Building Inspector and the Fire Marshal.
5. The applicant should have the address numbers posted; the entry door unlocked, and call 817-748-8214 to request inspections. Building inspections will be made within one working day by both building and fire departments. Request cut off times 7:00AM.
6. The Building Inspector will verify the required parking surface is provided, any required landscaping is maintained and the building structural and mechanical systems are maintained according to the codes in effect when built or when the occupancy group was changed to its present occupancy. Also anything found to be dangerous, unsanitary, or a fire hazard will be required to be brought up to the present codes.
7. The Fire Inspector will inspect all items regulated by the Fire Code and require appropriate corrections.
8. In the event the occupancy includes a food service or food handling operation the applicant must also apply to the Tarrant County Health Department for a permit and inspections. Contact Duane Barritt at 817-321-4960 or [dbarritt@tarrantcounty.com](mailto:dbarritt@tarrantcounty.com)
9. Accessibility for disabled persons may be required by state and or federal laws and is solely the responsibility of the owner and/or occupant of the premises. The building inspector will only enforce items required by the building code.
10. Upon approval of all the required inspections the Certificate of Occupancy will be issued and the utility companies notified to provide service upon the applicant's request.

- Call for: **Building Inspection** (817)748-8214      **Fire Dept. questions** (817) 748-8233

**BUILDING INSPECTIONS**      1400 Main St., Ste. 250, Southlake, TX 76092  
Phone 817-748-8237      Fax 817-748-8241      [www.ci.southlake.tx.us](http://www.ci.southlake.tx.us)



# SOUTHLAKE

## Department of Public Safety

### *Emergency Contact Information*

Date Submitted: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business E-Mail Address: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

# 1 Emergency Contact Name: \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

# 2 Emergency Contact Name: \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

#3 Emergency Contact Name: \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

The information you provide on this form is used for public safety purposes only. In the event of an after-hours emergency or incident, the police and/or firefighters can make timely contact with a representative from your business. By providing this information, you help us to be of better service to you. Thank you for your time and efforts. Please fax or mail the completed form to the below listed location.

Southlake Department of Public Safety  
Community Initiatives Unit  
2100 West Southlake Boulevard, Southlake, TX 76092  
Officer Roderick Page (817) 748-8281  
Please Fax to this Number: (817) 748-8158