# Certificate of Occupancy Application

**Mailing Address:** City of Hutchins  
**PO Box 500**  
**Hutchins, Texas 75141**  
**Phone:** (972) 225-6121

<table>
<thead>
<tr>
<th>Project Information</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>$100.00 Commercial</td>
<td>Office Square Footage:</td>
</tr>
<tr>
<td></td>
<td>$50.00 Residential</td>
<td>Shop/Warehouse Square Footage:</td>
</tr>
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<table>
<thead>
<tr>
<th>Name/Description:</th>
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<table>
<thead>
<tr>
<th>Project Address:</th>
<th>Block:</th>
<th>Type of Construction:</th>
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<table>
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<tr>
<th>Lot:</th>
<th>Subdivision:</th>
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**INTENDED USE OF SPACE:**

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<table>
<thead>
<tr>
<th>Tenant Information</th>
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<table>
<thead>
<tr>
<th>Company Name:</th>
<th>Contact Person:</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Address/City/State/Zip:</th>
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<table>
<thead>
<tr>
<th>Phone Number:</th>
<th>Email:</th>
<th>Mobile Number:</th>
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<table>
<thead>
<tr>
<th>Property Owner</th>
<th></th>
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<table>
<thead>
<tr>
<th>Name:</th>
<th>Contact Person:</th>
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All Certificate of Occupancy permits require inspection and approval from the following departments:

- Building Official, Fire Department & Public Works Department.

**CHECK TYPE OF C.O. APPLICATION:**

- New Owner/New Business
- Expanding Lease Space
- Clean and show (to lease or sell)
- Additional Uses/ Existing Bus.
- Other (Identify)

**CHECK ALL FEATURES OF THE BUILDING AND/OR THE PROPERTY:**

- Septic System
- Above or Underground Tank(s)
- Fire Sprinkler System
- Water Well
- Grease/Sand Trap

**CHECK "ALL" ACTIVITIES WHICH WILL BE CONDUCTED ON THE PREMISES:**

- Auto Related Business
- Incineration
- Petroleum
- Auto Body Repair
- Items higher than 12'
- Child Care Storage
- State Inspection
- Vehicle Parking
- Warehouse (type)
- Manufacturing (type)
- Alcoholic Beverage Sales
- Office
- Personal Services
- Welding
- Brake/Muffler Repair
- Flammable Liquid
- Dance Floor
- Retail Sales
- Tire Storage
- Grocery or C-Store
- Restaurant
- Auto Painting
- Coating
- Vehicle Wash
- Auto Parts (new/used)
- Chemicals (type)
- Oil Change/Lube
- Tire Sales/Install
- Mill/Woodworking
- Food Products
- Engine Repair
- Auto Sales

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**Tenant Information**  
Company Name: Contact Person:  
Address/City/State/Zip:  
Phone Number: Email: Mobile Number:  

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Name: Contact Person:  
Address/City/State/Zip:  
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1. Plan Submittal: (min. 8 1/2" x 11", max 11" and 14")
   A. Site Plan: showing all setbacks, streets, and access to buildings
   B. Drawing of the layout (walls, doors, windows, etc.)
   C. Location of electric panel/disconnects
   D. Location of water cut-off valve
   E. Location of mechanical units/water heater
   F. Any other pertinent information

2. REVIEW APPROVALS ARE REQUIRED PRIOR TO ISSUANCE:
   A. The zoning is verified to determine if the proposed use is allowed and a site inspection is conducted for compliance with zoning regulations such as required parking, landscaping, screening, etc.
   B. An inspection of the structure for compliance with the Building, Electrical, Plumbing, Mechanical, and Fire code
   C. A Health Inspection is required by Dallas County Health for all food related applications.

3. When all of the inspections (Building, Zoning, Fire, and Health) are approved, a Certificate of Occupancy will be issued, this will allow occupation of applicant.

OPERATING A BUSINESS WITHOUT A CERTIFICATE OF OCCUPANCY POSTED ON SITE IS A VIOLATION OF CITY ORDINANCE

I certify that all information contained herein is true and correct to the best of my knowledge and I understand that failure to make full disclosure may result in revocation of the Certificate of Occupancy.

Signature of Applicant: ___________________________ Date: ___________________________

OFFICE USE ONLY:

Zoning District: __________ Use Classification: __________ Occupant Load: __________

Construction Type: __________ Fire Sprinkler: Yes ☐ No ☐ Approved ☐ Denied ☐

Notes: ______________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

Building Official: ___________________________ Date: ___________________________

Fire Department: ___________________________ Date: ___________________________

Public Works: ___________________________ Date: ___________________________

CO Issued: ___________________________