



DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**APPLICATION FOR CERTIFICATE OF OCCUPANCY  
FOR EXISTING BUILDINGS IN THE CITY OF KIRBY**

This application is to be used for all businesses located at an existing address within the city limits of Kirby. The application will be completed with the cooperation of the building owner and tenant. In order to expedite the completion of inspections and issuance of the Certificate of Occupancy, all items on this form must be answered clearly.

**Any items left blank or not stated clearly will delay the process**

**IT IS UNDERSTOOD THAT THE ADDRESS WILL NOT BE OCCUPIED OR OPEN FOR BUSINESS WITHOUT THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY.**

**APPLICANT INFORMATION**

1. Is the building currently occupied? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Will there be or has there been any alterations done to the structure? \_\_\_\_\_
3. Previous (or current) business name \_\_\_\_\_
4. Previous (or current) type of business \_\_\_\_\_
5. Zoning of the property (if known) \_\_\_\_\_
6. Special use permits or variances? \_\_\_\_\_



Certificates or Licenses (please attach copies if applicable)

- |                       |               |                    |
|-----------------------|---------------|--------------------|
| a. Health             | In File _____ | Not Required _____ |
| b. Liquor             | In File _____ | Not Required _____ |
| c. Special Use Permit | In File _____ | Not Required _____ |
| d. Tax ID             | In File _____ | Not Required _____ |
| e. Employer ID        | In File _____ | Not Required _____ |
| f. Insurance          | In File _____ | Not Required _____ |
| g. License            | In File _____ | Not Required _____ |

Will there be any changes made to the structure and/or its surroundings? Please include electrical, plumbing & mechanical. (PLEASE DESCRIBE IN DETAIL BELOW)

**\*\*NOTE: ANY CHANGES, EXCLUDING COSMETIC, MADE TO THE STRUCTURE WILL REQUIRE LICENSED CONTRACTORS TO OBTAIN APPROPRIATE PERMITS. WORK MUST BE COMPLETED & FINAL INSPECTIONS DONE PRIOR TO ISSUANCE OF CERTIFICATE.**

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**Signature of Business Applicant** \_\_\_\_\_

Date

APPLICATION FEES: **\$180.00**