



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? Yes _____ No _____
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? _____
7. Is there an existing fire alarm system in the building? Yes _____ No _____
8. Is there an existing fire sprinkler system in the building? Yes _____ No _____
9. Is there an existing burglar system in the building? Yes _____ No _____
(Premises burglar alarm permit applications are available at the Police Dept.)
10. Will alcohol and/or food be served? Yes _____ No _____
(A health inspection is required)
11. Will the building be used as or have a children's day care? Yes _____ No _____
(a health inspection is required)
12. Square Footage _____

13. Will there be any flammable or combustible materials stored in the building? Yes _____ No _____
(If yes, please provide list).

14. What type of shelving will be used? _____

APPLICANT CONTACT INFORMATION

Type of Business _____

Business Owner(s) _____
(IF TENANT PROVIDE COPY OF LEASE)

Phone Numbers _____
Business Home Cell

Property Owner _____

Phone Numbers _____
Business Home Cell

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 | | |

Will there be any changes made to the structure and/or its surroundings? Please include electrical, plumbing, and 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.**

Signature of Business Applicant _____

APPLICATION FEES: \$180.00