



# REVISED OCCUPANCY REQUEST

## Permit Application

Permit #: ROR \_\_\_\_\_ - \_\_\_\_\_

**Please Print**

*There is a \$50 non-refundable application fee due at the time of permit application for a Revised Occupancy Permit. Incomplete applications cannot be processed.*

### Part 1: Reason for Permit *(Check one)*

New Ownership

New Business

Replace Existing Certificate of Occupancy

### Part 2: Property Information

Address: \_\_\_\_\_ Current Name of Business: \_\_\_\_\_

Former Name of Business: \_\_\_\_\_ Describe Business: \_\_\_\_\_

Is the Space vacant?    Yes            No    If YES, for how long? \_\_\_\_\_ Total sq. ftg. of space? \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Has there been a fire sprinkler system installed?    Yes            No

Who is Responsible for Payment of Utilities?            Tenant            Property Owner            Leasing Agent

### Part 3: Applicant's Information

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Phone #: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

### Part 4: Property Owner's Information

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone #: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

### Part 5: Tenant's Information

Tenant's Name: \_\_\_\_\_ Tenant's Address: \_\_\_\_\_

Tenant's Phone #: \_\_\_\_\_ Tenant's Email Address: \_\_\_\_\_

### Part 6: Owner/Agent's Statement

I, \_\_\_\_\_, as owner or duly authorized officer of the property herein referenced do hereby execute this document and certify that the information contained in this application is true, accurate and complete to the best of my knowledge.

I attest that work will not be performed as part of this request and that any future work will require application to the building official and the appropriate building permits obtained, in accordance with Weatherford Municipal Code Title IV, Chapter 2.

\_\_\_\_\_  
*Owner/Agent Signature)*

\_\_\_\_\_  
*(Date)*



# APPLICATION FOR A CERTIFICATE OF OCCUPANCY

(PLEASE PRINT OR TYPE ALL INFORMATION)

**Development & Neighborhood  
Services**  
Phone: (817) 598-4284  
Email:  
PermitApplications@weatherfordtx.gov

**PART 1. CERTIFICATE OF OCCUPANCY LOCATION**

**Address:** \_\_\_\_\_ **Suite:** \_\_\_\_\_ **Business Phone Number:** \_\_\_\_\_

**PART 2. CERTIFICATE OF OCCUPANCY INFO:**

Business Name \_\_\_\_\_  
 Bus. Owner \_\_\_\_\_  
 Mgr./Agent \_\_\_\_\_  
 Mail Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Personal Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email address \_\_\_\_\_

**PART 3. PROPERTY OWNER / MGMT INFO:**

Property Owner/ Mgr. Name \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Mail Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email address \_\_\_\_\_

**PART 4. CHOOSE ONE OF THE FOLLOWING:**

New Building      Addition      Change Name of Business  
 Change of Tenant      New Tenant Improvement      Change Owner of Business      Change of Use

**PART 5. DESCRIBE BUSINESS IN DETAIL:**


**If State License/Registration is required for business operation, please provide copy for our records.**

**Total** Square Footage: \_\_\_\_\_ **Number** of Employees: \_\_\_\_\_ **Is** your business new to Weatherford?    Yes    No  
**If yes**, where is your business moving from? \_\_\_\_\_ **If No**, What address did you previously occupy in Weatherford? \_\_\_\_\_  
 \_\_\_\_\_ Why relocating? \_\_\_\_\_  
 \_\_\_\_\_ **If** this C/O is for additional space, expansion, or storage in COW, are you closing your existing space?    Yes    No

**PART 7. Does your business involve the storage, sale or use of the following?      YES      NO**  
**If YES, check all that apply.**

- |  |   |   |
|--|---|---|
| Alcoholic beverages                                    | Food Products                                 | Vehicle repair or Garage                          |
| Flammable or combustible liquids (10 gal or more only) | Poisonous or hazardous chemicals and/or acids | Food and/or beverage processing, storage or sales |
| Outside storage/display                                | Vehicles in building                          | Recycling waste                                   |
| Explosives or ammunition                               | Dust producing process                        | Welding & Cutting                                 |
| Magnesium  | Fireworks                                     | Liquid propane gas                                |
| X-Ray Development                                      | Woodworking                                   | Storage over 12' high                             |
| Other hazards (specify)*                               | Dry Cleaning (flammable solvents)             |   |
| CBD Sales or storage                                   |   |   |

**\*Provide Chemical Data Sheets to the Building Inspection Department listing the maximum quantity of all hazardous materials.**

**NOTICE:** I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing the use of this property will be complied with whether specified herein or not. The granting of a Certificate of Occupancy does not presume to give authority to violate or cancel the provisions of any other State or local law regulating the use of this property.

Signature of Applicant: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_