



Phone Number: 979-478-6893

[secretary@cityoforchardtx.gov](mailto:secretary@cityoforchardtx.gov)

Address: 9714 Kibler Street  
(P.O. Box 59)

Orchard, TX 77464

## Commercial Certificate of Occupancy Application

<b>Project Information</b>		Permit # _____	
Business Name/Description: _____			
Project Address: _____		Sq. Ft. _____	
INTENDED USE OF SPACE: _____			
Total Occupancy of Building: _____		Zoning District: _____	
<b>Tenant Information</b>			
Company Name: _____		Contact Person: _____	
Street Address: _____			
Phone Number: _____		Email: _____ Cell Number: _____	
<b>Owner Information</b>			
Company Name: _____		Contact Person: _____	
Street Address: _____			
Phone Number: _____		Email: _____ Cell Number: _____	

### Does your business involve the storage, sale or use of the following: (Check all that apply)

- |                                                   |                                                 |                                                                             |                                    |
|---------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Painting with flammables | <input type="checkbox"/> Dry Cleaning Solvents  | <input type="checkbox"/> Flammable/combustible liquids (10 gallons or more) | <input type="checkbox"/> Alcohol   |
| <input type="checkbox"/> Combustible Fibers       | <input type="checkbox"/> Dust producing process | <input type="checkbox"/> Floor drains in building                           | <input type="checkbox"/> Smoking   |
| <input type="checkbox"/> Cellulose Nitrate Film   | <input type="checkbox"/> Explosives/Ammunition  | <input type="checkbox"/> Food and/or beverage processing, storage or sales  | <input type="checkbox"/> Fireworks |
| <input type="checkbox"/> Compressed Gas           | <input type="checkbox"/> Recycling Waste        | <input type="checkbox"/> Food products                                      |                                    |
| <input type="checkbox"/> Liquid Propane Gas       | <input type="checkbox"/> Magnesium              | <input type="checkbox"/> High piled stock (over 12' in height)              |                                    |
| <input type="checkbox"/> Vehicle Repair Garage    | <input type="checkbox"/> Vehicles in Building   | <input type="checkbox"/> Poisonous or hazardous chemicals/acids             |                                    |
| <input type="checkbox"/> Welding or Cutting       | <input type="checkbox"/> Woodworking            | <input type="checkbox"/> X-ray Development                                  |                                    |

**\*\*Provide chemical data sheets to the Building Inspection Department listing the maximum quantity of all hazardous materials.\*\***

List any material discharged into the drainage system, ground, or atmosphere: \_\_\_\_\_

***It shall be unlawful to use or occupy or permit the use or occupancy of any building or premises created, erected, changed, converted or altered or enlarged in its use or structure until a Certificate of Occupancy shall have been issued by the administrative official. A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.***

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 this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### For City Use Only

**Approved By**      **Date**      **Comments**

Building Department			
Public Works Department			
Fire Department			
Engineering Dept.			
Health Permit:			

Issued By: \_\_\_\_\_ Date Issued: \_\_\_\_\_

BV Project #: \_\_\_\_\_