

# CO - Certificate of Occupancy Permit Application

A separate permit is required for each tenant space and/or building except for apartment buildings.

\*\*\*\*\*Please fill out reverse side of this application\*\*\*\*\*

Application Number: \_\_\_\_\_

Project Address: \_\_\_\_\_ Suite# \_\_\_\_\_

Property Owner or Tenant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Change of Ownership   | <input type="checkbox"/> Change of Occupant | <input type="checkbox"/> Assembly occupancies: Occupant load _____ |
| <input type="checkbox"/> Clean & Show  | <input type="checkbox"/> House Lights       | <input type="checkbox"/> If apartments how many buildings _____    |
| <input type="checkbox"/> In-Home day care – Are you the Primary Resident of the project address? Yes or No | <input type="checkbox"/> Change of Name     |  |
|  | <input type="checkbox"/> Land Occupancy     |  |

Please give the below information for the area being permitted if applicable:

Contractor/Company	Address:	City, State, Zip	Phone
Electric :			
Plumbing:			
Other:			

Business Name: \_\_\_\_\_ Previous Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Description of Activity at this location: \_\_\_\_\_

Square Footage:	Emergency Name and Phone Number:
Gas Required: Yes/No	Electric Required Yes/No
Fire Sprinklered: Yes/No	Fire Alarm: Yes/No
RPZ Installation Yes/No	

AN ISSUED PERMIT BECOMES INVALID IF THE WORK ON THE SITE AUTHORIZED BY THE PERMIT DOES NOT COMMENCE WITHIN 180 DAYS OF ISSUANCE, OR IF THE WORK ON THE SITE IS INCOMPLETE DUE TO SUSPENSION OR ABANDONMENT 180 DAYS AFTER THE WORK COMMENCED. **ALL PERMITS REQUIRE FINAL INSPECTION.**

I HEREBY CERTIFY THAT I AM AN AUTHORIZED AGENT OF THE OWNER, AND HAVE THE OWNER'S CONSENT TO ENTER ONTO THE PROPERTY TO COMPLETE THE WORK. AFTER CLOSE REVIEW OF THIS APPLICATION, I FURTHER CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, THE WORK SHALL COMPLY WITH ALL PROVISIONS OF LAWS AND ORDINANCES, WHETHER SPECIFIED OR NOT. THE GRANT OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY FEDERAL, STATE, OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

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

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please Print

Email address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

\*\*\*\*\*Office use only\*\*\*\*\*

Comments: \_\_\_\_\_

Zoning:	Use per zoning ord.:	Occupancy Group:
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Type of Construction:	Story:
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Permit Technician Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Plans Examiner Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Received By: **X** \_\_\_\_\_ Date: \_\_\_\_\_

Planning Approval of Use: \_\_\_\_\_ Date: \_\_\_\_\_

This handout is for informational purposes only and should not be relied on in place of official regulations and/or policies. The CITY OF PLANO makes no representations, guarantees, or warranties as to the accuracy, completeness, currency, or suitability of the information provided via the handout. Customers and citizens are personally responsible for complying with all local, state and federal laws pertaining to projects within the city. Copies of the CITY OF PLANO adopted codes and Zoning Ordinances can be found on the city website at [www.plano.gov](http://www.plano.gov) or at the CITY OF PLANO Municipal Center at 1520 Avenue K, Plano, Texas.





CITY OF PLANO
BUILDING INSPECTION DEPARTMENT

BUSINESS NAME:
BUSINESS ADDRESS:
PERMIT NUMBER: (To be completed by Support Technician):
Please indicate by placing an X in the appropriate area with regard to your business (production/use/by products).

Police Department Approval Required

Sexually Oriented Business as defined in Chapter 17.5 of the Plano Code of Ordinances requires a permit from the Police Department. I acknowledge that it is my responsibility to comply with Chapter 17.5. A Certificate of Occupancy does not permit operation of a Sexually Oriented Business.

FIRE DEPT PLAN SUBMITTAL \*

- Fire Sprinkler System
Fire Sprinkler Underground Piping
Fire Alarm System
Sprinkler Monitoring System
Alternate Agent System
Smoke Control/Stair Pressurization
Fireworks
Liquid Nitrogen/Oxygen/Cryogenic Tank
Liquid Propane Gas
High Piled Storage Layout/Rack Plan
Flammable liquid storage tanks
Hazardous Materials Inventory Statement
Fixed Extinguishing System
Emergency Generator Test Report

HEALTH INSPECTIONS

- Alcoholic Beverages
Carpet Cleaning Ops.
Car Washes/Sand Trap/Oil Separator
Electronic Assemblies
Gold Platers
Jewelry Fabrication &/or Repair
Landscape/Nurseries
Machine Shop
Metal Forming
Oil & Lube Shop/Sand Trap/Oil Separator
Outside/Open storage of equipment
Pesticide Formulations
Photo Processing
Plastic Extrusions
Power Wash System
Restoration System
Tattoo Parlor/Permanent Cosmetics
Towers/Cooling Systems
Transmission Shops
Vending Machines

HEALTH INSPECTIONS \*

- Body Shops
Circuit Boards
Dry Cleaning (with flammable solvents)
Electro Platers
Fiberglass
Food &/or beverage (alcoholic or non-alcoholic processing storage)
Garage/Auto Repair Shops
Large Industries
Print Shop Operations
Mfg/Research of semi-conductors
News Papers
Print Shops
Poisonous or Hazardous chemicals/ Acids exceeding 500 gallons
Reclaiming Waste Materials
Swimming Pools
X-Ray Processes

Requires Fire Department Review of Design Documents Submit plans directly to Fire Dept. For all Fire Dept. Plan Submittals
\*No plans required for CO Permits

PROJECTS REQUIRING HEALTH PLAN SUBMITTAL REVIEWS (EXCLUDING C.O. PERMITS)

Please indicate by placing an "X" in the area that applies
Any items in this area require plans to be inter-officed to the Health Department
This is not an all exclusive list possibly other establishments may also be in need of a Health review.

- All Day Cares (Including Church Day Cares)
All Schools (Exception classrooms & gymnasiums)
All Churches and Hospitals (Exception kitchens not being affected by construction)
Convenient Stores (7-11, beer stores, candy stores, dollar stores)
All food for public consumption (including free food, pre-packaged food, vitamin stores, coffee stores, restaurants)
Exceptions:
Private Residences
Baby Showers
Employee Break rooms
Mother's day out where only juice and crackers are served
Vending Machines

Signature of Owner or Authorized Agent:
Date:
Person to Contact:
Telephone #:

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