



DATE OF ISSUANCE: _____

PERMIT #: _____

CERTIFICATE OF OCCUPANCY REQUEST

FEE: \$50.00

NO FEE REQUIRED IF THE CERTIFICATE OF OCCUPANCY IS ASSOCIATED WITH AN ACTIVE CURRENT BUILDING PERMIT

ADDRESS OF OCCUPANCY: _____ SUITE # _____

LOT: _____ BLOCK: _____ SUBDIVISION: _____

****CERTIFICATE OF OCCUPANCY WILL NOT BE ISSUED WITHOUT LEGAL DESCRIPTION****

NAME OF BUSINESS: _____

NEW OCCUPANT: YES _____ NO _____	NEW BUILDING/PROPERTY OWNER: YES _____ NO _____
NEW BUILDING: YES _____ NO _____	NEW BUSINESS NAME CHANGE: YES _____ NO _____
NUMBER OF EMPLOYEES: _____	NEW BUSINESS OWNER: YES _____ NO _____
	FREIGHT FORWARDING: YES _____ NO _____

TYPE OF BUSINESS: _____ (Example: Retail Clothing / Attorney's Office / Restaurant / Office/Warehouse)

**IF OFFICE/WAREHOUSE PROVIDE BREAKDOWN OF SQUARE FOOTAGES:

SF OFFICE: _____ SF WAREHOUSE: _____ TOTAL SQUARE FOOTAGE: _____

NAME OF TENANT **[PERSON'S NAME]**: _____

CURRENT MAILING ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE NUMBER: _____

PROPERTY OWNER: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE NUMBER: _____

- ◆ IS YOUR BUSINESS SUBJECT TO SALES TAX LAW? (if yes, provide copy of Sales Tax Certificate) - - - - - YES _____ NO _____
- ◆ WILL THERE BE ALCOHOLIC BEVERAGE SALES? (if yes, provide copy of Alcoholic Beverage Permit) - - - YES _____ NO _____
- ◆ WILL THERE BE FOOD SALES? (if yes, contact Tarrant County Health 817-321-4983 for more information) - - YES _____ NO _____
- ◆ PERMITS ARE REQUIRED FOR SIGNS. WILL ANY SIGNS BE INSTALLED? - - - - - YES _____ NO _____
- ◆ WILL BUSINESS GENERATE ANY INDUSTRIAL WASTE DISCHARGE TO SEWER SYSTEM? - - - - - YES _____ NO _____
- ◆ WILL OUTSIDE REFUSE/RECYCLING/COMPACTING CONTAINERS BE NECESSARY? (screening is required) YES _____ NO _____
- ◆ WILL THERE BE ANY OUTSIDE STORAGE (including storage of company/fleet vehicles), DISPLAY/ USE/DINING? YES _____ NO _____
- ◆ WILL ANY ALTERATIONS BE MADE TO THE SITE OR BUILDING? - - - - - YES _____ NO _____
- ◆ IS BUILDING SPRINKLERED? - - - - - YES _____ NO _____
- ◆ WILL BUSINESS STORE OR HANDLE HAZARDOUS MATERIALS OR LIQUIDS?
(if yes, provide list of types & quantities, along with material safety data sheets) - - - - - YES _____ NO _____

I HEREBY CERTIFY THAT THE FOREGOING IS CORRECT TO THE BEST OF MY KNOWLEDGE AND THE SAID OCCUPANCY IS IN CONFORMANCE WITH THE INFORMATION HEREIN SET FORTH.

(If access to the building/space is not provided at the time of the scheduled inspection, a **\$50.00 re-inspection fee** will be charged)

FOR QUESTIONS or to RE-SCHEDULE, PLEASE CALL (817) 410-3165 or (817) 410-3166

SIGNATURE: _____ PRINT NAME: _____

PHONE #: _____ EMAIL: _____

Building Services Department
The City of Grapevine * P.O. Box 95104 * Grapevine, Texas 76099
* (817) 410-3165 * (817) 410-3166

www.grapevintexas.gov

(OVER)

TEXAS SALES TAX

Texas Sales Tax is charged and collected on sales within the State and City of Grapevine, Texas of “taxable items.” Taxable items include both tangible personal property, specified services. If you are in a business that will be selling “taxable items” within the City of Grapevine, Texas you will be required to collect State and Local Sales Tax in the amount of 8.25%.

A “Seller or Retailer” means a person engaged in the business of making sales of “taxable items”, the receipts from which are included in the measure of sales or use tax.

The term, “place of business” includes any location at which three or more orders are received by the “Seller or Retailer in a calendar year. If an order is received at the place of business of a retailer in Texas, but delivery or shipment is made from a location within the state other than the retailer’s place of business. State and local sales tax is due and is allocated to the city where the order was received.

I have read the above and I understand that I will be required to provide a copy of the Sales Tax Permit to the City of Grapevine, Texas if the circumstance applies to my business.

Texas Sales Tax Number: _____

Signature: _____

WHERE DO YOU WANT YOUR COMPLETED CERTIFICATE OF OCCUPANCY MAILED?

ADDRESS: _____

CITY, STATE, ZIP: _____

*******FOR OFFICE USE ONLY*******

TYPE OF CONSTRUCTION: _____ OCCUPANCY: _____ DIVISION: _____

ZONING DISTRICT: _____ CONDITIONAL USE: _____

PERMITTED USE: _____ OCCUPANT LOAD: _____

BUILDING DEPARTMENT: _____ DATE: _____

BUILDING INSPECTOR: _____ DATE: _____

ZONING APPROVAL: _____ DATE: _____

FIRE DEPARTMENT: _____ DATE: _____

LOT DRAINAGE INSPECTION: _____ DATE: _____

PUBLIC WORKS DEPARTMENT: _____ DATE: _____

HEALTH DEPARTMENT: _____ DATE: _____

CITY SECRETARY: _____ DATE: _____

LANDSCAPING APPROVAL: _____ DATE: _____

APPROVAL FOR ISSUANCE: _____ DATE: _____