

## CERTIFICATE OF OCCUPANCY HANDOUT

### A CERTIFICATE OF OCCUPANCY IS REQUIRED FOR:

- A new building and/or structure
- A new owner for an existing building, structure or business
- A new use, tenant, or occupancy in an existing building, structure or tenant space
- A remodeled, altered, or expanded building, structure or tenant space
- A change in name of an existing business
- A clean and show (temporary power for 90 days maximum issued only to building owner and/or property manager)
- Other (identify), example: lot used for storage no structure on site, commercial parking lot, etc.

### REQUIRED DOCUMENTS AT TIME OF APPLICATION SUBMITTAL:

- A completed application with a brief description of the operation
- A floor plan with all rooms labeled and dimensioned and equipment layout
- A suite layout
- Non-refundable \$60 fee for processing

**Note: If the Certificate of Occupancy is for new construction, remodel, alteration, expansion, or finish-out then a building permit must first be submitted.**

### PROCESS:

#### IN CONJUNCTION WITH AN ACTIVE BUILDING PERMIT:

1. The **owner and/or tenant** must complete and submit a certificate of occupancy application which will be approved and issued upon construction completion, approval from all departments performing inspections and securing a building final from the Development Services Department.

#### ALL OTHER:

1. Application will be evaluated for code and ordinance compliance. **Process may take 24-48 hours prior to city contacting applicant and scheduling an inspection.**
2. If no additional information is needed, required inspections can be conducted,
3. If violations are noted during the inspection process a correction notice will be issued. Otherwise, application will be approved and issued upon successful completion of inspection. **Note:** Building Safety and the Fire Department must both approve inspections with no violations before Certificate of Occupancy can be issued.

**INSPECTION:** The applicant is responsible to schedule inspections with the following departments as applicable,

	PLANNING 817-276-4231	ENGINEERING 817-276-4247	ENVIRONMENTAL 817-276-4241	FIRE 817-276-4790	BUILDING 817-276-4269
<b>NEW CONSTRUCTION and ADDITIONS</b>	✓	✓	✓	✓	✓
<b>CLEAN &amp; SHOW</b>	---	---	---	---	✓
<b>EXISTING BUSINESS NEW NAME OR OWNER/ ALL OTHER</b>	---	---	---	✓	✓
<b>Footnote:</b> Tarrant County Health (817) 321-4983 approval required for food related establishments and public pools.					

### A CERTIFICATE OF OCCUPANCY IS ISSUED:

A certificate of occupancy is issued after the application is reviewed, the building or structure is inspected and it is determined that no violations exist of any provisions of the City of Mansfield adopted codes or ordinances. Issuance of a certificate of occupancy shall not be construed as an approval of a violation of the provisions of the codes and/or any other ordinances adopted by the City of Mansfield.

### POSTING OF A CERTIFICATE OF OCCUPANCY:

A certificate of occupancy shall be conspicuously posted in or upon the premises to which they apply so that they are readily visible to anyone entering the premises.

### REVOCAION OR SUSPENSION:

The building official may, in writing, suspend or revoke a certificate of occupancy if issued in error, or on the basis of incorrect information provided, or when it is determined that the building, structure or portion thereof is in violation of any ordinance, regulation or code adopted by the City of Mansfield.

### NOTE:

1. Sign permits will only be issued after a certificate of occupancy is issued. Signage for business must match the name on the certificate of occupancy.
2. Multi-family buildings and self-storage complexes must complete the attachment to the certificate of occupancy application.



# CERTIFICATE OF OCCUPANCY APPLICATION

(A non-refundable \$60.00 processing fee is required with application submittal)

## 1. GENERAL INFORMATION

(Print or Type- Incomplete or illegible applications will not be processed)

<input type="checkbox"/> Building Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Both <b>(check applicable)</b>		Application Date: _____
Property Address: _____		Suite #: _____
Business Name: _____		Phone: _____
Describe the proposed use (be specific): _____		
Nature of Business (Check all that apply) <input type="checkbox"/> Restaurant <input type="checkbox"/> Retail <input type="checkbox"/> Warehouse <input type="checkbox"/> Office <input type="checkbox"/> Auto Repair <input type="checkbox"/> Education <input type="checkbox"/> Manufacturing <input type="checkbox"/> Worship              Other _____		
<b>List, as applicable, the number of square feet to be used for the following:</b>		
Sales Area: _____		Office: _____
Warehouse/Storage: _____		Dining/Seating: _____
Manufacturing: _____		Waiting Area: _____
Other (specify): _____		
Total area the business will occupy: _____		Total building square footage: _____
Will signs be replaced or installed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this a sub-lease? <input type="checkbox"/> Yes <input type="checkbox"/> No

## 2. TYPE OF APPLICATION (CHECK ALL THAT APPLY):

<input type="checkbox"/> Shell or New Construction	<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Change of Occupant/New Business
<input type="checkbox"/> Clean & Show (Temp Power 90 Days)	<input type="checkbox"/> Existing Business/New Owner	<input type="checkbox"/> Existing Business Name Change
<input type="checkbox"/> Expanding Lease Space	<input type="checkbox"/> Other (identify) _____	

## 3. BUSINESS OWNER / TENANT INFORMATION:

Business Owner Name: _____	Ph: _____	Cell: _____
Business Owner Address: _____	City: _____	State: _____ Zip: _____
e-mail _____	Fax: _____	

## 4. PROPERTY / BUILDING OWNER INFORMATION:

Building Owner Name: _____	Ph: _____	Cell: _____
Building Owner Address: _____	City: _____	State: _____ Zip: _____
e-mail _____	Fax: _____	

## 5. EMERGENCY CONTACT INFORMATION:

Name & Address: _____	Ph: _____
Name & Address: _____	Ph: _____

### FOR OFFICE USE ONLY

PREVIOUS BUSINESS	PROPOSED USE		
Name: _____ Use: _____ Occ. Group: _____ Occ. Load: _____ Construction Type: _____ Sprinklered: _____ Comments: _____ Active Building Permit for Proposed Use? <input type="checkbox"/> Yes <input type="checkbox"/> No Fee: <b>\$60:00</b> Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No	DEPARTMENT	INITIALS	DATE
	Building Safety Department		
	Fire Department		
	Planning Department		
	Engineering Department		
	Environmental Department		
	Health Department		
	Construction Type: _____ Change of Use? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Occ. Group: _____ Occ. Load: _____		
	Sprinklered: <input type="checkbox"/> Non <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D		

Certificate of Occupancy Questionnaire		YES	NO																											
1.	Are you enlarging an existing tenant space by combining suites or portions of suites? List lease spaces being combined _____																													
2.	Is or will there be any building, site or interior alterations or remodel?																													
3.	Will you store, use, dispense, or mix flammable or combustible liquids excluding those used for maintenance for operation of equipments? If so, specify the type of product and the projected quantities. Please attach separate list.																													
4.	Will there be any spray painting on premises?																													
5.	Will you handle or use any hazardous or toxic chemicals such as but not limited to oxidizers, corrosive liquids, poisonous gases, and radioactive materials? If yes, specify the type and projected quantities. (Attach separate sheet if necessary) _____																													
6.	Will the principal use of the building or tenant space be used for storage? <ul style="list-style-type: none"> <li>• If yes, what materials will be stored? _____</li> <li>• What percentage will be used for storage? _____</li> <li>• How high will materials be stacked? _____</li> <li>• Will the materials be stored in racks? _____</li> </ul>																													
7.	Is or will the building be equipped with a <input type="checkbox"/> fire sprinkler system <input type="checkbox"/> standpipe system If yes, check which one applies. <input type="checkbox"/> hood ansul system																													
8.	Will food or beverages be manufactured, packaged, stored, distributed, sold, or prepared, excluding vending machines?																													
9.	Will alcoholic beverages be sold for consumption on the premises?																													
10.	Will the building or tenant space be used for a sexually-oriented business or adult entertainment as defined by Ordinance No. 1597?																													
11.	Will a swimming pool be located on the premises?																													
12.	Will a <input type="checkbox"/> septic tank, <input type="checkbox"/> grease interceptor or a <input type="checkbox"/> sand/oil interceptor be used on the premises? If yes, check which one applies.																													
13.	Will any liquid wastes or sludges be generated which are not dispersed of in the sewer system?																													
14.	Will any form of waste water pre-treatment be utilized at this facility? If yes, briefly describe. _____																													
15.	Will any goods, merchandise or raw materials be stored or displayed outdoors?																													
16.	Will combustible dust be generated (sawdust, fine metal shavings, grain processing/storage, etc.)?																													
17.	Will any portion of the building/space be utilized as a classroom, training room or daycare? If yes, provide the following: <input type="checkbox"/> Age 0-2 ½ _____(Number of students) <input type="checkbox"/> older than 2 ½ _____(Number of students/people)																													
18.	<p><b>WILL YOU BE PERFORMING ANY OF THE FOLLOWING ACTIVITIES OR PROCESSES ON THE PREMISES?</b> CHECK ALL ACTIVITIES WHICH WILL BE CONDUCTED ON THE PREMISES.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Restaurant</td> <td><input type="checkbox"/> Sale of Alcoholic Beverages</td> <td><input type="checkbox"/> Tire Storage</td> </tr> <tr> <td><input type="checkbox"/> Retail Sales</td> <td><input type="checkbox"/> Grocery or Convenience Store</td> <td><input type="checkbox"/> Outside Storage or Display</td> </tr> <tr> <td><input type="checkbox"/> Office</td> <td><input type="checkbox"/> Food Products</td> <td><input type="checkbox"/> Items stacked higher than 12'</td> </tr> <tr> <td><input type="checkbox"/> Dance Floor</td> <td><input type="checkbox"/> Sanding, Mill or Woodcutting</td> <td><input type="checkbox"/> Incineration</td> </tr> <tr> <td><input type="checkbox"/> Child Care Center</td> <td><input type="checkbox"/> Parts or Vehicle Wash</td> <td><input type="checkbox"/> Flammable/Combustible Liquids</td> </tr> <tr> <td><input type="checkbox"/> Personal Services</td> <td><input type="checkbox"/> Welding or Cutting</td> <td><input type="checkbox"/> Painting or Coating</td> </tr> <tr> <td><input type="checkbox"/> Bar Area</td> <td><input type="checkbox"/> Warehouse</td> <td><input type="checkbox"/> Manufacturing (identify type)</td> </tr> <tr> <td><input type="checkbox"/> Use of Medical Gas</td> <td><input type="checkbox"/> Smoking Section on Premise</td> <td><input type="checkbox"/> Formulation/Mixing/Processing</td> </tr> <tr> <td><input type="checkbox"/> Medical/Dental</td> <td><input type="checkbox"/> Assembly/Gathering/Worship</td> <td><input type="checkbox"/> On-Site Sewage Facility</td> </tr> </table>	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Sale of Alcoholic Beverages	<input type="checkbox"/> Tire Storage	<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Grocery or Convenience Store	<input type="checkbox"/> Outside Storage or Display	<input type="checkbox"/> Office	<input type="checkbox"/> Food Products	<input type="checkbox"/> Items stacked higher than 12'	<input type="checkbox"/> Dance Floor	<input type="checkbox"/> Sanding, Mill or Woodcutting	<input type="checkbox"/> Incineration	<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Parts or Vehicle Wash	<input type="checkbox"/> Flammable/Combustible Liquids	<input type="checkbox"/> Personal Services	<input type="checkbox"/> Welding or Cutting	<input type="checkbox"/> Painting or Coating	<input type="checkbox"/> Bar Area	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Manufacturing (identify type)	<input type="checkbox"/> Use of Medical Gas	<input type="checkbox"/> Smoking Section on Premise	<input type="checkbox"/> Formulation/Mixing/Processing	<input type="checkbox"/> Medical/Dental	<input type="checkbox"/> Assembly/Gathering/Worship	<input type="checkbox"/> On-Site Sewage Facility		
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Check the utility(ies) that must be released with City of Mansfield approval.  Electric  Gas

I hereby certify that I have completed this questionnaire for \_\_\_\_\_ and know the same to be true and correct. (address)

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CERTIFICATE OF OCCUPANCY**  
**APPLICATION ATTACHMENT**  
**APARTMENT COMPLEXES OR MINI WAREHOUSES**

Date: \_\_\_\_\_

\_\_\_\_\_  
 Building/Office Address (Apartment Complex or Mini Warehouse)

\_\_\_\_\_  
 Name (Apartment Complex or Mini Warehouse)

	Building Number or Address	# of Stories	Sprinkler Y / N	Type of Construction	Fire Alarm Y/N	Total Square Footage	No. of Units
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
<b>TOTAL</b>							



SMOKING ORDINANCE COMPLIANCE FORM

To: J. Paul Coker, Chief Building Official Date: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

Business Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Operator/Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Please read the smoking ordinance in its entirety and complete the following questionnaire

1. Is the current establishment:

- Totally non-smoking Indoor and Outdoor
Partially non-smoking
Smoking outside area only
Adult's only

If you answered "Totally non-smoking" please go to end of the form sign, date and mail or deliver to my attention at the address listed above otherwise continue to question number 2.

2. If smoking area is provided, how will you achieve compliance with the smoking ordinance:

- Option A. The business will be totally non-smoking indoors. Outdoor seating/dining area will be modified so as smoking is not allowed within 30' of doors, operable windows/vent or other openings by August 9, 2010.
Option B. The business will be an adult's only establishment, as defined in the ordinance.
Option C. A solid separation wall will be installed which will completely enclose/separate smoking area from adjacent spaces and tenants. Smoking area will have a separate entrance, heating and air conditioning system. The restrooms, if shared, will have non-smoking access. A single kitchen serving both smoking and non-smoking areas will not allow the passage of smoke from the smoking area through the kitchen to the non-smoking area.

Please initial comment below if you checked "Option C"

I am aware and acknowledge that prior to any building modifications I am required to secure a building permit and comply with the permitting process. A remodel permit handout is available at the permit counter.

I hereby certify as the owner or the owner's authorized agent that the aforementioned information is true and correct for the business establishment listed above. I also confirm that all required signs will be posted and receptacles installed as required by the ordinance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_