



CERTIFICATE OF OCCUPANCY APPLICATION

BUILDING SERVICES

APPLICATION TYPE - check one

- New Tenant
- Temporary Utility **
- Name Change
- Ownership Change

BUSINESS ADDRESS _____ Business PHONE # _____

BUSINESS NAME _____ Business FAX # _____

SQ FOOTAGE OF OCCUPIED SPACE _____ TYPE OF BUSINESS/USAGE _____

TENANT INFORMATION

PROPERTY OWNER INFORMATION **

Name(s): _____

Name(s): _____

Home Phone #: _____

Phone #: _____

Home Address: _____

Address: _____

City / ST / Zip _____

City / ST / Zip _____

Fax #: _____

Fax #: _____

E-Mail: _____

E-Mail: _____

SITE USAGE

CHECK ALL THAT APPLY

- Flammable/Combustible Liquids
- Spray Painting
- Hazardous/Toxic Chemicals
- Warehouse Storage
- Food Preparation
- Alcoholic Beverages Served
- Septic Tank
- Within 300' of City Sewer
- Outdoor Display
- Outdoor Storage
- Vehicle Washing
- Dumpster
- Signage - **REQUIRES SEPARATE PERMIT**

ELECTRICAL UTILITY PROVIDER (CIRCLE ONE) **TRI-COUNTY** **ONCOR** (formerly TXU)

** Signing of this application does not authorize occupancy of the space and/or structure. If the premise is occupied before a Certificate of Occupancy is issued, the Owner/Applicant agrees that utilities will be disconnected without notice.

Property Owner / Applicant Initials _____

APPLICANT SIGNATURE: _____ DATE: _____

APPLICANT NAME (Please Print): _____

FOR OFFICE USE ONLY

ZONING _____ **OCCUPANCY LOAD** _____ **SPECIAL CONDITIONS** _____

PERMIT NO.: _____ **APPROVAL:** _____ **DATE:** _____

1100 Bear Creek Pkwy.
KELLER TEXAS 76248

P. O. Box 770
KELLER TEXAS 76244

buildingservices@cityofkeller.com
TELEPHONE: 817-743-4110

www.cityofkeller.com
FAX: 817-743-4123



CERTIFICATE OF OCCUPANCY GUIDELINES

BUILDING SERVICES

APPLICATION APPROVAL PROCESS

This Certificate of Occupancy (C/O) Application needs to be completed in full, signed and dated; then can be submitted via customer, fax, postal service, e-mail. The \$50.00 fee is paid in person after the application is approved and at the time the Inspection Form is issued.

The Development Services Coordinator reviews the application and determines the zoning of the property and if the usage is allowable for the zoning district. Additional information or planning process may be necessary dependent upon the review and/or usage.

Upon approval of the application, the applicant will be contacted and the C/O Inspection Form will be provided upon payment of the \$50.00 permit fee.

Food establishments and/or food handling businesses are required to contact the Tarrant County Health Department for separate permitting and inspection procedures. Contact TCHD by calling 817-321-4960.

INSPECTIONS (not limited to)

If inspection is not approved by the City Inspector or Fire Marshal, the owner/applicant is required to make all necessary changes to conform to the requirements of all adopted codes of the City of Keller (including, but not limited to, Zoning, Building, Electrical, Mechanical, Plumbing, and Fire). Failure to approve corrections and/or changes within ten (10) days after such inspection, the City of Keller may discontinue utility service to the property until such changes are made and approved by City Inspector.

Applicant Initials _____

PERM POWER INSPECTION and/or **TEMPORARY UTILITY

Power must be on in order for the Fire and C/O inspections to be performed. In the event electricity has been turned off by the utility company, then a "Perm Power" inspection is required. Once this inspection passes, the applicant will need to contact the utility provider to have service re-connected.

** Requested time for Temporary Utility (circle one) 7 days 15 days 30 days other _____

Reason for request: _____

FIRE INSPECTION – PLEASE READ FIRE DEPT REQUIREMENTS (Attached)

A passing Fire Inspection is required from the Fire Marshal. This inspection is scheduled by contacting the Fire Administration office.

C/O - BUILDING INSPECTION

Prior to issuing the Certificate of Occupancy, the Building Inspector shall inspect the premises for emergency lights, exit lights, smoke detectors and items related to health and safety. This consists of checking the proposed business for compliance with applicable building, fire, health, plumbing, mechanical electrical and any other codes as adopted by the City of Keller.

REVOCATION OF CERTIFICATE OF OCCUPANCY

The Building Official may, in writing, suspend or revoke a Certificate of Occupancy issued under the provisions of this ordinance whenever the Certificate of Occupancy is issued in error, or on the basis of incorrect information supplied, or when it is determined the building or structure or portion thereof is in violation of any code, regulation or ordinance.

I, the undersigned, release and agree to indemnify and hold harmless the City of Keller from any and all liability of every kind and nature for damage to person(s) and/or property which may occur from premise or from failure to inspect premise.

Applicant Signature

Date

Print Name



CERTIFICATE OF OCCUPANCY GUIDELINES

BUILDING SERVICES

Keller Fire-Rescue

Fire Department Requirements
for Certificate of Occupancy Inspection

**ALL FIRE INSPECTION REQUESTS MUST BE MADE THROUGH
THE FIRE ADMIN DEPARTMENT**

817-743-4400

MONDAY – FRIDAY, 8:00am - 5:00pm

1. Fire extinguishers (2A: 10B:C minimum size) shall be provided with a maximum 75-foot travel distance to an extinguisher from any point in the space and kept accessible. Extinguisher locations shall be identified with signs. [Reference 2015 IFC Section 906]
2. Address shall be posted in a position to be plainly visible from the fronting street in minimum four-inch (4”) numbers on contrasting background. Address shall also be posted on outside of rear door(s) and on electrical meter bases and AC unit disconnects. [Reference 2015 IFC Section 505.1]
3. Provide a key to the suite/building to be put in the Knox box (if one is already installed on the building) for emergency access. [Reference 2015 IFC Section 506.2]
4. Exit lights are required to clearly indicate the direction of egress travel in accordance with the International Building Code. [Reference 2015 IBC Section 1011 and 2015 IFC Section 1011]
5. Emergency lighting is required to illuminate the means of egress at an intensity of not less than one foot-candle at the floor level. [Reference 2015 IBC Section 1006 and 2015 IFC Section 1006]
6. There can be no locking or latching devices on doors with panic hardware. Exit doors used in pairs shall comply with 2015 IBC Section 1008.1.8.3 #3 and 2015 IFC Section 1008.1.8.3 #3.
7. Electrical panels shall be completely labeled with breaker schedules. [Reference 2015 IFC Section 605.3.1]

For questions, please contact Fire Prevention at 817-743-4470 or 817-743-4472.



1100 Bear Creek Parkway
P.O. Box 770
Keller, TX 76244
(817) 743-4110
(817) 743-4123 (fax)

For Office Use Only:

Permit Number: _____

Date Issued: _____

Certificate of Occupancy Inspection Form

The inspections listed below are required to receive a Certificate of Occupancy. This form must be left on site for all inspections and inspections are to be completed in the order listed.

Inspections (other than the fire inspection) must be requested either online at www.cityofkeller.com or by calling (817)743-4120. You will need to have your permit number available and the inspection code number.

PERM. POWER INSPECTION (CODE #107):

This inspection is only required if the electricity has been turned off to the space by the utility company. Once this inspection passes, please contact the utility provider to have service re-connected. Power must be on before the Fire and CO inspection will be completed.

Inspector Signature

Date

FIRE INSPECTION:

Contact the Fire Administration Office at (817) 743-4400 to schedule this inspection.

Inspector Signature

Date

Certificate of Occupancy INSPECTION (CODE #302):

Inspector Signature

Date

Please return this form to the Developme Services Department once all inspections have been completed. Once submitted, please allow a minimum of seven (7) business days for the Certificate of Occupancy to be available. If you prefer to have your CO mailed, check the box below and complete the address information.

Business Name: _____
Contact Name: _____
Mailing Address: _____
City, State, Zip _____