

CHECK LIST FOR CERTIFICATE OF OCCUPANCY

NEW OCCUPANCIES

Submit the completed application for zoning verification.

Prior to a Certificate of Occupancy being issued, the applicant must have documented proof of all of the following:

- **A final inspection (Green Tag) issued by the Building Department**
- **A final inspection (Fire Inspection Report) issued by the Fire Department**
- **A final inspection from the Tarrant County Health Department if applicable**
- **The fee is \$200.00 for a Certificate of Occupancy**
- **The fee for Annual Business Permit is \$25.00**
- **The fee for a Grand Opening Permit (optional) is \$25.00**

Once the above documents are submitted, payment for the Certificate of Occupancy, Annual Business Permit, and Grand Opening permit if requested may be made. Once payments have been received a computer-generated Certificate of Occupancy will be given out at that time. This must be posted in the building until a signed Certificate is received. A Certificate of Occupancy signed by the Building Official and the Fire Official will be delivered to the business location.

THE SIGNED CERTIFICATE OF OCCUPANCY MUST BE POSTED AT ALL TIMES.

OCCUPYING A BUILDING WITHOUT A CERTIFICATE OF OCCUPANCY IS A VIOLATION OF CITY CODE AND MAY RESULT IN CITATIONS BEING ISSUED.

EXISTING OCCUPANCIES

For existing occupancies without a displayed Certificate of Occupancy please contact the Building Department at 817-230-0453 to verify that a valid Certificate of Occupancy has been issued. If a record for a valid Certificate of Occupancy is not identified, an application for a Certificate of Occupancy will be required. Upon completion of the application a building inspection and a fire inspection will be required. These two inspections are conducted to identify and correct any health and safety issues. If corrections are required, a specified amount of time to make the corrections will be allotted. Once the corrections have been made and the building and fire departments have issued approved final inspection reports, a Certificate of Occupancy will be issued.

ALL BUSINESSES OCCUPYING A BUILDING OR FACILITY AND HAVE A CHANGE OF OCCUPANCY OR OWNERSHIP MUST APPLY FOR A NEW CERTIFICATE OF OCCUPANCY AND ANNUAL BUSINESS PERMIT.

Saginaw Building Inspection Line: 817-232-4263 (request a CO inspection)

Saginaw Fire Department: 817-230-0404 (request a CO inspection)

Tarrant County Health Department: 817-321-4985

City of Saginaw
 Permit Department
 301 S. Saginaw Blvd.
 Bus: 817-230-0453 Fax: 817-232-8565
 E-mail: permits@saginawtx.org



City of Saginaw

Permit Date: _____
 Permit #CO: _____
 Permit #: _____
 Total Fee: _____

CERTIFICATE OF OCCUPANCY PERMIT & FIRST YEAR BUSINESS PERMIT APPLICATION
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Permit Address:			
Lot:	Block:	Addition:	Zoning:
Square Footage (total):		Retail/Office:	Storage/Warehouse:

PROPERTY OWNER INFORMATION

Company Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	

OCCUPANCY INFORMATION (name to be displayed on the business and Certificate of Occupancy)

Company Name:		
Phone:	Fax:	Cell:
Mailing Address:		
Mailing City:	Mailing State:	Mailing Zip:
E-Mail:	Website:	

BUSINESS OWNER INFORMATION

Name:		
State Sales Tax ID Number:		
Mailing Address:		
Mailing City:	Mailing State:	Mailing Zip:
Phone:	Email:	

BUSINESS MANAGER INFORMATION (must be a local contact)

Name:		
Mailing Address:		
Mailing City:	Mailing State:	Mailing Zip:
Phone:	Email:	

BUSINESS INFORMATION (detail description of all business activities at this location)

Type of Business:

DOES THIS BUSINESS INVOLVE THE STORAGE, SALE, OR USE OF THE FOLLOWING?

Food Products?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Made On Premise <input type="checkbox"/>	Prepackaged Off Premise <input type="checkbox"/>
Alcoholic Beverages?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Consumed On Premise <input type="checkbox"/>	Consumed Off Premise <input type="checkbox"/>
Drive-Through Window?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Dust Producing Equipment or Materials?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Flammable or Combustible liquids?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Explosives or Ammunition?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Poisonous or Hazardous Chemicals?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Fumigation?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Compressed Gases?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Woodworking or Refinishing?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Painting with Flammable Paints?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Outdoor Storage of Materials?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Garage or Vehicle Repair?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Outdoor Display of merchandise?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reclaiming Waste?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Number of Employees: Full Time:	Part Time:

Applicant Signature:	
Printed Name:	Date:

City of Saginaw
 Permit Department
 301 S. Saginaw Blvd.
 Bus: 817-230-0453 Fax: 817-232-8565
 E-mail: permits@saginawtx.org



City of Saginaw

Permit Date: _____
 Permit #: _____
 Total Fee: _____
 Receipt #: _____

CERTIFICATE OF OCCUPANCY PERMIT & FIRST YEAR BUSINESS PERMIT APPLICATION

Permit Address:			
Lot:	Block:	Addition:	Zoning:
Square Footage (total):		Retail/Office:	Storage/Warehouse:

-----FOR OFFICE USE ONLY-----

Land Use Designation:			
Occupancy Group:		Fire Sprinkler:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Construction Type:		Any Non Conforming Use:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Occupancy Load:		Need Health Department Inspection:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Inspector Approval:			Date:

INSPECTIONS

Building Inspection Scheduled:	Passed:
<input type="checkbox"/> Re-inspection needed: Comments:	
Fire Department Inspection Scheduled:	Passed:
<input type="checkbox"/> Re-inspection needed: Comments:	
Health Department Inspection:	Passed: