



## CITY OF CASTLE HILLS, TEXAS APPLICATION FOR CERTIFICATE OF OCCUPANCY

The undersigned, in accordance with provisions set out in the City of Castle Hills Code or Ordinances, hereby applies for a Certificate of Occupancy for the business indicated below:

**(Please Print)**

**SECTION 1.**

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

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address – include suite number \_\_\_\_\_

Name of Strip Center/Office Building: \_\_\_\_\_

Management Company Name & Phone # \_\_\_\_\_

**SECTION II.**

**BUSINESS OWNER Contact Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

**PARTNER/OWNER Contact Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

**MANAGER Contact Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Alarm Company: \_\_\_\_\_ Phone: \_\_\_\_\_

*(Please complete the Alarm Registration form)*

\*\*\*SEE REVERSE TO ANSWER THE QUESTIONS ON THE PAGE 2 OF THIS FORM.\*\*\*  
\*\*\*THIS APPLICATION WILL NOT BE ACCEPTED IF INCOMPLETE\*\*\*

**SECTION III.**

Will taxable sales will be made?  Yes  No

**A copy of your sales tax permit must be attached to this application or must be submitted prior to issuance of your certificate of occupancy. Your sales tax permit must indicate that the business is in the City of Castle Hills, Texas or the issuance of your Certificate of Occupancy may be delayed or will not be issued.**

Type of business: \_\_\_\_\_

Types of sales handled at this location: \_\_\_\_\_

**SECTION IV.**

Square footage of the suite/structure? \_\_\_\_\_

Will there be any building or trade permits needed for this location?  Yes  No

*(If yes: all construction must be complete and permit inspections approved prior to C of O inspection request)*

**SECTION V.**

- If there are changes to management or ownership of the business, I understand that I am responsible for contacting the City's Administrative Office, in writing at 209 Lemonwood Dr., Castle Hills, TX 78213.
- I acknowledge that I am responsible for applying for any permits (building, electrical, plumbing, HVAC, sign, health or fire) that may be required by law.
- The granting of a certificate does not presume to give authority to violate or cancel the provisions of any other state or local ordinances, regulations, future construction, the performance of construction or the use of any land or building.
- The undersigned (jointly and severally if more than one) for himself or themselves and his or their successors, assigns, heirs, and legal representatives, understand and agree that the above information is true and correct.

Owner/Representative Name (print): \_\_\_\_\_

Signature of owner/representative \_\_\_\_\_ Date: \_\_\_\_\_

*Would you like to be contacted to schedule a ribbon cutting or grand opening ceremony?*  Yes  No

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<b>To be completed by City Offices Only</b>		Zoning: _____	Rcvd by: _____
FEE RECEIVED \$ _____	Cash / Credit / Check # _____	Date _____	
<b>DATE OF FINAL INSPECTIONS:</b>			
BUILDING _____	FIRE _____	HEALTH _____	
30-TEMPORARY C of O # _____	Date _____	CPS RELEASE DATE: _____	
<i>PERMANENT CERTIFICATE OF OCCUPANCY MUST BE OBTAINED UPON APPROVAL OF ALL INSPECTIONS</i>			
PERMANENT Certificate of Occupancy # _____		Date: _____	