Certificate of Occupancy Checklist

Name:_____ **Received by:**_____

Address:_____ **Date Received:**_____

A **BUILDING PERMIT** is required for any **alteration or construction work.** For properties where no alterations or construction work is done to the structure to be occupied, the **CERTFICATE OF OCCUPANCY APPLICATION** may be used without a building permit.

Attached	Not Applicable	
❑		**Certificate of Occupancy Application Form** with Original Signatures
❑		**Final Grading survey with Certification** - Completed final grades must be certified by a Registered Professional Land Surveyor or Licensed Surveyor in the State of Texas.
❑	❑	**Emergency Management As-builts** (Three (3) copies of digital media – PDF file format) - for **Residential over 5000 sf** provide: ❑ Scaled floor plan of buildings or structures on site ❑ Identify any hazardous materials or conditions ❑ Provide information about any fire suppression systems
❑	❑	**Emergency Management As-builts** (Three (3) copies of digital media – PDF file format) - for **Commercial** provide: ❑ Site Plan As-built, including utility shut off locations, Knox Box location, fire riser room, FDC's, and fire lane. ❑ Scaled floor plans of buildings or structures on site ❑ Identify any hazardous materials, storage or conditions ❑ Provide emergency contact numbers

Certificate of Occupancy Inspection Procedure:

1. Complete Certificate of Occupancy Application.
2. Return application to the city and pay fee.
3. **Request a Certificate of Occupancy inspection from Fire Mashal, AVFD.**
   Phone: (940) 464 7102.
4. **Request a Certificate of Occupancy inspection from Building Official, Bureau Veritas.**
   Phone: (817) 335-8111 / (972) 980-8401 / toll free (877) 837-8775
   Fax: (817) 335-8110 / (972) 980-8400 / toll free (877) 837-8859
5. Post your approved permit application (Tape to door or window).
6. Have space or building open from the hours of 8:00 a.m. – 5:00 p.m.

The Certificate of Occupancy inspection is an inspection for life safety items and general maintenance. Some common items noted during inspection are listed below. This list is not intended to be an all-inclusive list.

1. Doors to the exterior should not have double key locks, slide bolts, or other locking devices other than a thumb turn lock or bolt.
2. When required, illuminated exit signs must be in good working order.
3. Address and suite # must be posted on the building in 6" minimum numbers on a contrasting background, clearly visible from the street.
4. Every space must have 24-hour access to the electric panel which serves that space.
5. Missing circuit breakers or knockouts in electric panels and junction boxes must be filled.
6. Broken or damaged electrical fixtures and cover plates must be repaired or replaced.
7. Added electrical fixtures and outlets must comply with the National Electric Code.
8. Hose bibs should have vacuum breakers.
9. Plumbing fixtures must be in good working order, any unused plumbing lines must be capped.
10. Gas appliances and heaters must be properly installed and vented.

Town of Argyle

(940) 464-7273
308 Denton Street
Argyle, Texas 76226

Certificate of Occupancy Application

Project Information

Permit # _____ Sq. Ft. _____

Name of Business: _____

Business Physical Address: _____

Type of Business: _____

Check applicable

____ Food Products	____ Food and/or Beverage Processing	____ Heating/Cooking of Food
____ LP Gas	____ Compressed Gas	____ On Site Alcoholic Consumption
____ Fumigation	____ Cellulose Nitrates Film	____ Flammable or Combustible Materials
____ Dry Cleaning	____ Bales or Loose Combustible Fibers	____ Poisonous or Hazardous Chemicals or Acids
____ Woodworking	____ Dust Producing Equipment/Materials	____ High Piled Storage of Combustible Items
____ Fireworks	____ Garage or Vehicle Repair	____ Explosives or Ammunition
____ Magnesium	____ Reclaimed Waste Material	____ Paint/Flammable Material

Remarks: _____

Owner Information

Company Name: _____ Contact Person: _____

Mailing Address: _____

Phone #: _____ Fax #: _____ Mobile #: _____

Tenant Information

Company Name: _____ Contact Person: _____

Street Address: _____

Phone #: _____ Fax #: _____ Mobile #: _____

A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

All permits require final inspection.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____ Date: _____

Office Use Only

Zoning: _____ Parking Required: _____ # Stories: _____

Flood Zone: _____ Parking Provided: _____ Sprinklers: _____

Approved By: _____ Date: _____

Permit Fee: $ _____

Issued Date: _____

Issued By: _____

BV Project # _____