



CERTIFICATE OF OCCUPANCY APPLICATION

Planning and Development Department

Date Submitted: _____

Permit #: _____

Property Address: _____ Suite: _____

Name of Business/ Tenant: _____ Phone: _____

Business Owner's Name: _____ Phone: _____

Property Owner or Landlord: _____ Phone: _____

Owner's Address: _____

DESCRIPTION OF BUSINESS ACTIVITY

- Select all that apply:
- | | | | | |
|-----------------------------------|---------------------------------|---|--|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Church | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Institutional | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Office | <input type="checkbox"/> School | <input type="checkbox"/> Personal Service | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Dentist* | | | | |

Description of Proposed Business (What you do, products you handle, manufacture, store, sell, etc.):

Type of CO (Check one):

- New Tenant (from new construction)
- Change of Business/Tenant Name
- Change of Ownership
- Clean & Show
- Change of Occupancy Type

Business Information

- Total Area (sq. ft.) of premises: _____
- Office Use (sq. ft.): _____
- # of Employees: _____
- Business Hours: _____

* Dental offices must fill out a [OTCR Dental Dischargers Form](#) on the Town Website and return to the Town of Westlake for compliance with TRA and EPA regulations of wastewater systems.

1500 Solana Blvd, Building 7, Suite 7200, Westlake, TX 76262
Phone: 817-430-0941 | Fax: 817-430-1812
Email: building@westlake-tx.org
www.westlake-tx.org



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EMERGENCY CONTACT INFORMATION

#1 Emergency Contact Name: _____

Phone #s Home: _____ Cell: _____ Other: _____

#2 Emergency Contact Name: _____

Phone #s Home: _____ Cell: _____ Other: _____

Check which is applicable:

- I am the business owner
- I am the property owner

- I am the leasing agent
- I am the general contractor

Application is hereby made to occupy the premises as listed above according to the ordinances and codes of the Town of Westlake. I understand it is a violation to occupy without a Certificate of Occupancy issued by the Building Official. **I hereby certify that I am an authorized agent of the owner and have the owner's consent to enter onto the property to complete the work.**

Signature of Applicant: _____ Date: _____

Printed Name: _____ Phone: _____ Email: _____

OFFICE USE ONLY:

Zoning District: _____

Use Classification per Zoning District: _____

Use Classification per Building Code: _____

Construction Type: _____

Stories / Height: _____

Square Feet: _____

Occupant Load: _____

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