



# Certificate of Occupancy Application

City of DeSoto  
211 E Pleasant Run Rd  
DeSoto, TX 75115  
(972) 230-9610

**Project Information:**

Name/Description: \_\_\_\_\_ Square Feet: \_\_\_\_\_

Project Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Type of Construction: \_\_\_\_\_

Intended Use of Space: \_\_\_\_\_

**Property Owner:**

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

**Tenant Information:**

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

**All Certificate of Occupancy permits require inspection and approval from the following departments:  
Development Services (Building Official, Planning), Fire Department & Health Department.**

**CHECK TYPE OF C.O. APPLICATION:**

- New Owner/ New Business       Expanding Lease Space       Clean & Show (to lease or sale)
- New Owner / Existing Business       Additional Uses / Existing Business       Other (identify) \_\_\_\_\_

**CHECK ALL FEATURES OF THE BUILDING AND/OR THE PROPERTY:**

- Septic System       Above or Underground Tank(s)       Fire Sprinkler System       Water Well       Grease/Sand Trap

**CHECK "ALL" ACTIVITIES WHICH WILL BE CONDUCTED ON THE PREMISES:**

- Auto Related Business       Alcoholic Beverage Sales       Tire Storage       Oil Change/Lube       Incineration
- Office       Grocery or C-Store       Tire Sales/Installation       Petroleum       Personal Services
- Restaurant       Mill or Woodworking       Auto Body Repair       Welding       Auto Painting
- Food Products       Items higher than 12'       Brakes/muffler repair       Coating       Outside Storage
- Child Care Center       Flammable liquid       Vehicle Wash       Engine Repair       Church
- Dance Floor       Auto Parts(new/used)       Auto Sales(new/used)       Vehicle Parking       Retail Sales
- Chemicals (identify type) \_\_\_\_\_
- Warehouse (identify type) \_\_\_\_\_
- Other \_\_\_\_\_

1. Plan Submittal: (PDF format)
  - a. Site Plan: showing all setbacks, streets, parking and access to building
  - b. Drawing of the layout (square foot of rooms, walls, doors, windows, etc.)
  - c. Location of electric panel / disconnects
  - d. Location of water cut-off valve
  - e. Location of mechanical units / water heater
  - f. Any other pertinent information
2. REVIEW APPROVALS ARE REQUIRED PRIOR TO ISSUANCE:
  - a. The zoning is verified to determine if the proposed use is allowed and a site inspection is conducted for compliance with zoning regulations such as required parking, landscaping, screening, etc.
  - b. An inspection of the structure for compliance with the Building, Electrical, Plumbing, Mechanical, and Fire Code.
  - c. A Health inspection is required by Health for all food related applications
3. When all of the inspections; Building, Zoning, Fire, and Health are approved, a Certificate of Occupancy will be issued, this will allow occupation of applicant.

**FIRE MARSHAL WILL CALL TO SCHEDULE FIRE INSPECTION  
OPERATING A BUSINESS WITHOUT A CERTIFICATE OF OCCUPANCY POSTED ON SITE IS A VIOLATION  
OF CITY ORDINANCE.**

BUILDING INSPECTION SCHEDULE BASED ON TWO DAYS AFTER PAYMENT DATE				
Monday	Tuesday	Wednesday	Thursday	Friday
Wednesday	Thursday	Friday	Monday	Tuesday

*I certify that all information contained herein is true and correct to the best of my knowledge and I understand that failure to make full disclosure may result in revocation of the Certificate of Occupancy.*

\_\_\_\_\_

*Printed Name**Signature**Date*

**OFFICE USE ONLY:**

*Zoning District:* \_\_\_\_\_ *Use Classification:* \_\_\_\_\_

*Parking Required:* \_\_\_\_\_ *Parking Available:* \_\_\_\_\_

APPROVED                       DENIED

Planning: _____	Date: _____
Fire Marshall: _____	Date: _____
Building: _____	Date: _____
Health: _____	Date: _____