

# REQUIREMENTS FOR APPLYING FOR CERTIFICATE OF OCCUPANCY

**\*Application for Permit:** Complete all the marked items on both pages of the Building Permit.

**\*Site Plan Detail sheet:** Include Property lines with dimensions; streets; alleys; proposed and existing building locations and sizes; parking lot location(s) and size, parking stalls and size.

**\*Floor Plan Detail sheet:** Include size/ shape of entire building; layout of rooms to include use; dimensions; size/ location of windows and doors to include door swing. Need to know the ceiling, floor and wall finishing's.

## **FREQUENTLY ASKED QUESTIONS:**

### **I. Project Information:**

- Project name: Company name
- Parcel I.D./ Tax I.D.: Leave blank
- Fill in Address, County, Zip Code: Business

### **II. Identification**

- A. Owner of Lease
- Fill out Name, Telephone number, Cell Phone number, Address, City, State, Zip Code, Email Address and Fax number.
- If hiring someone else they need to fill out B or C.

### **III. Type of Improvement & Plan Review**

- A. Type of Improvement – Check Certificate of Occupancy
- B. Work to be performed - Leave blank

#### **IV. Proposed Use of Building**

- A. Residential – Proposed Use : Leave blank
- B. Non-Residential – Proposed Use : Fill out
- Describe Project in Detail: (Name change, owner change or never had a Certificate of Occupancy.)

#### **V. Selected Characteristics of Building**

- Leave blank

#### **VI. Applicant Information**

- Only fill out – Signature of Applicant, Date, Daytime Phone#, Printed Name, Address



## Department of Building Safety

808 S Buchanan St  
Amarillo, TX 79101-2539

Inspection Line 806-342-1555—Phone 806-378-3041—Fax 806-378-3085

Applicant to Complete All Items in Sections I, II, III, IV, V and VI

Note: Separate Applications Must be Completed for Plumbing, Mechanical and Electrical Work Permits

\*

### I. Project Information

 RESIDENTIAL

 NON-RESIDENTIAL

PROJECT NAME

PARCEL I.D. / TAX I.D.

ADDRESS

COUNTY

ZIP CODE

\*

### II. Identification

#### A. Owner or Lessee

NAME

TELEPHONE # (Include Area Code)

CELL PHONE #

ADDRESS

CITY

STATE

ZIP CODE

E-MAIL ADDRESS

FAX NUMBER

#### B. Architect or Engineer

NAME

TELEPHONE # (Include Area Code)

CELL PHONE #

ADDRESS

CITY

STATE

ZIP CODE

E-MAIL ADDRESS

FAX NUMBER

#### C. Contractor

NAME

TELEPHONE # (Include Area Code)

CELL PHONE #

ADDRESS

CITY

STATE

ZIP CODE

E-MAIL ADDRESS

FAX NUMBER

### III. Type of Improvement and Plan Review

#### A. Type of Improvement

 NEW BUILDING

 REPAIR/REPLACE

 ACCESSORY BLDG.

 MOVING

 ADDITION

 DEMOLITION

 SWIMMING POOL

 MISC

 ALTERATION

 FOUNDATION ONLY

 DECK

 CERTIFICATE OF OCCUPANCY

#### B. Work to be performed

 BUILDING

 ELECTRICAL

 PLUMBING

 MECHANICAL

Plans must be submitted with an Application for Plan Examination and the appropriate fees before a permit can be issued, except as listed below.

 ROOFING, SIDING, WINDOWS

 ALTERATIONS AND REPAIR WORK DETERMINED BY THE BUILDING OFFICIAL TO BE OF A MINOR NATURE

Plans and specifications are required for all other building projects.

#### IV. Proposed Use of Building

##### A. Residential – Proposed Use

- |  |  |
|--|--|
| <input type="checkbox"/> Single Family   | <input type="checkbox"/> Wood Burning Stove                            |
| <input type="checkbox"/> Two Family  | <input type="checkbox"/> Masonry Fireplace                             |
| <input type="checkbox"/> Multi-Family (Number of Units _____)                              | <input type="checkbox"/> Gas Log <input type="checkbox"/> Wood Burning |
| <input type="checkbox"/> Attached Garage   | <input type="checkbox"/> Pre-Fab Fireplace                             |
| <input type="checkbox"/> Detached Garage   | <input type="checkbox"/> Gas Log <input type="checkbox"/> Wood Burning |
| <input type="checkbox"/> Finished Basement   | <input type="checkbox"/> Deck  |
| <input type="checkbox"/> Unfinished Basement   | <input type="checkbox"/> Modular Home                                  |
| <input type="checkbox"/> Crawl Space / Pier & Beam   | <input type="checkbox"/> Mobile Home/Manufactured Home                 |
| <input type="checkbox"/> Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> # of Bedrooms _____                           |
| <input type="checkbox"/> _____   | <input type="checkbox"/> # of Bathrooms: Full _____ Partial _____      |
| <input type="checkbox"/> _____   | <input type="checkbox"/> _____   |
- Is there a fireplace in a bedroom:     Yes     No

##### B. Non-Residential – Proposed Use

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Assembly                                | <input type="checkbox"/> Business     |
| <input type="checkbox"/> Factory                                 | <input type="checkbox"/> Hazardous    |
| <input type="checkbox"/> Institutional                           | <input type="checkbox"/> Mercantile   |
| <input type="checkbox"/> Storage                                 | <input type="checkbox"/> Food Service |
| <input type="checkbox"/> Utility or Miscellaneous                | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Hazardous material to be stored on site |                                       |

\* Type of Use \_\_\_\_\_

\* Type of Construction \_\_\_\_\_

IMPERVIOUS SURFACE AREA: \_\_\_\_\_  
(FORMULA: TOTAL AREA OF LOT MINUS TOTAL AREA OF LIVING GROUND COVER)

\*

DESCRIBE PROJECT IN DETAIL: \_\_\_\_\_

#### V. Selected Characteristics of Building

##### A. Principal Type of Frame

- WOOD FRAME       MASONRY WALL BEARING     STRUCTURAL STEEL       REINFORCED CONCRETE     OTHER: \_\_\_\_\_

##### B. Principal Type of Heating

- NATURAL GAS       LP GAS       ELECTRICITY       GEO THERMAL       OTHER: \_\_\_\_\_

##### C. Type of Sewage Disposal

- PUBLIC       SEPTIC SYSTEM

##### D. Type of Water Supply

- PUBLIC       PRIVATE WELL OR CISTERN

##### E. Type of Mechanical

- WILL THERE BE AIR CONDITIONING?     YES     NO      WILL THERE BE AN ELEVATOR?     YES     NO

##### F. Dimensions

NUMBER OF STORIES _____	FLOOR AREA: TOTAL AREA _____
COST OF CONSTRUCTION _____	1ST FLOOR _____
TEXAS ARCHITECTURAL BARRIERS ACT/EABPRJ# _____	2ND FLOOR _____
<small>*Required for Commercial projects over \$50,000*</small>	OTHER FLOOR _____
	BASEMENT _____

#### VI. Applicant Information

**APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION**

APPLICANT:     CONTRACTOR       ARCHITECT/ENGINEER       HOMEOWNER\*\* (See Homeowner Affidavit)

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF TEXAS AND THE CITY OF AMARILLO. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

\*

SIGNATURE OF APPLICANT	DATE	DAYTIME PHONE #
PRINTED NAME	ADDRESS	

**\*\*HOMEOWNER AFFIDAVIT:** I HEREBY CERTIFY THAT THE WORK DESCRIBED ON THIS PERMIT APPLICATION SHALL BE INSTALLED BY MYSELF IN MY OWN HOME IN WHICH IS MY LEGAL RESIDENCE OF RECORD AND I HAVE NOT OBTAINED OR HELD A BUILDING PERMIT WITHIN ANY TWO (2) YEAR PERIOD AS A HOMEOWNER FOR WORK AT (3) DIFFERENT ADDRESSES. ALL WORK SHALL BE INSTALLED IN ACCORDANCE WITH THE CITY OF AMARILLO BUILDING CODE. I WILL COOPERATE WITH THE CITY OF AMARILLO INSPECTOR AND ASSUME THE RESPONSIBILITY TO ARRANGE FOR REQUIRED INSPECTION.



# EXAMPLE OF SITE PLANS

