# 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

### CITY OF AMARILLO

### **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

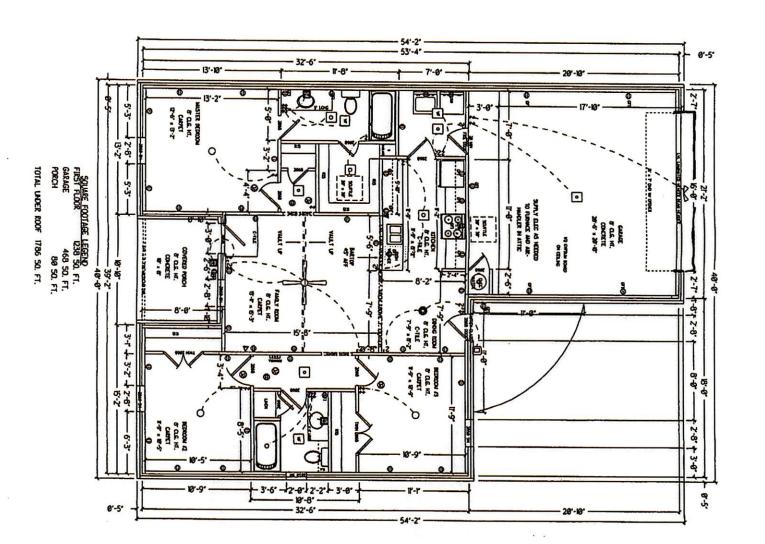
Note: Separate Applications Must be Completed for Plumbing, Mechanical and Electrical Work Permits

I. Project Informat	ion			<b>建</b> 建	<b>医罗科</b>			
]	☐ RESIDENTIAL		■ NON-RESIDENTIAL					
PROJECT NAME			PARCEL I.D. / TAX I.D.					
ADDRESS			COUNTY		ZIP CODE			
II. Identification								
A. Owner or Lesse	∍e							
NAME		TELEP	HONE # (Include Area Code)	CELL PHONE #				
ADDRESS	ADDRESS		CITY		2	ZIP CODE		
E-MAIL ADDRESS				FAX NUM	FAX NUMBER			
B. Architect or En	gineer							
NAME	<u> </u>	TELEP	TELEPHONE # (Include Area Code)		CELL PHONE #			
ADDRESS			CITY			ZIP CODE		
E-MAIL ADDRESS				FAX NUM	MBER			
C. Contractor								
NAME	ME		TELEPHONE # (Include Area Code)		CELL PHONE #			
ADDRESS	DDRESS		CITY		STATE ZIP (			
E-MAIL ADDRESS				FAX NUM	MBER			
III. Type of Improv	vement and Plan Review							
A. Type of Improv	ement							
☐ NEW BUILDING	☐ REPAIR/REPLACE		ACCESSORY BLDG.	□ мо	VING			
☐ ADDITION	☐ DEMOLITION		☐ SWIMMING POOL		☐ MISC			
☐ ALTERATION	☐ FOUNDATION ONLY		DECK	★ □ CEF	RTIFICATE	E OF OCCUPANCY		
B. Work to be perf	ormed							
☐ BUILDING	□ ELECTRICAL □ PLUMBING	G 🗆	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			B. Non-Residential – Proposed Use		
□ Single Family □ Two Family □ Multi-Family (Number of Units) □ Attached Garage □ Detached Garage □ Finished Basement □ Unfinished Basement □ Crawl Space / Pier & Beam □ Occupied □ Yes □ No □ □ Is there a fireplace in a bedroom: □	☐Yes ■ No	me artial	*Type of Construction		
DESCRIBE PROJECT IN DETAIL:					
V. Selected Characteristics of	Building				
A. Principal Type of Frame				Carried Control (CAR)	
□ WOOD FRAME □ MASON	RY WALL BEARING   STRUCTU	IRAL STEEL	☐ REINFORCED CONCRET	E OTHER:	
B. Principal Type of Heating			And the employees		
□ NATURAL GAS □ LP GAS	□ ELECTRIC	ITY	☐ GEO THERMAL	□OTHER:	
C. Type of Sewage Disposal	D. Type of	Type of Water Supply			
□ PUBLIC □ SEPTIC	SYSTEM	☐ PUBLIC	PUBLIC PRIVATE WELL OR CISTERN		
E. Type of Mechanical			MANUAL METALONI		
WILL THERE BE AIR CONDITIONING?   YE	S NO WILL THERE	BE AN ELEVATO	R?   YES   NO		
F. Dimensions			prove upper	CONTROL OF THE RESIDENCE	
FLOOR AREA: TOTAL AREA					
NUMBER OF STORIES	<u></u>				
			1ST FLOOR		
COST OF CONSTRUCTION				7	
TEXAS ARCHITECTURAL BARRIERS A	ACT/EABPRJ#		OTHER FLOOR_		
"Required for Commercial projects over \$50,000"			BASEMENT		
VI. Applicant Information					
APPLICANT IS RESPONSIBLE FO MUST PROVIDE THE FOLLOWING		FEES AND CH	ARGES APPLICABLE T	O THIS APPLICATION AND	
APPLICANT:   CONTRACTOR	☐ ARCHITECT/ENG	SINEER	☐ HOMEOWNER**(See	Homeowner Affidavit)	
I HEREBY CERTIFY THAT THE PROPOS OWNER TO MAKE THIS APPLICATION A OF TEXAS AND THE CITY OF AMARILLO	S HIS/HER AUTHORIZED AGENT	, AND WE AGRE	E TO CONFORM TO ALL APP	PLICABLE LAWS OF THE STATE	
SIGNATURE OF APPLICANT		DATE	DAYTIME PHO	NE #	
PRINTED NAME	ADDRESS	ADDRESS			
**HOMEOWNER AFFIDAVIT: I HEREBY CER					

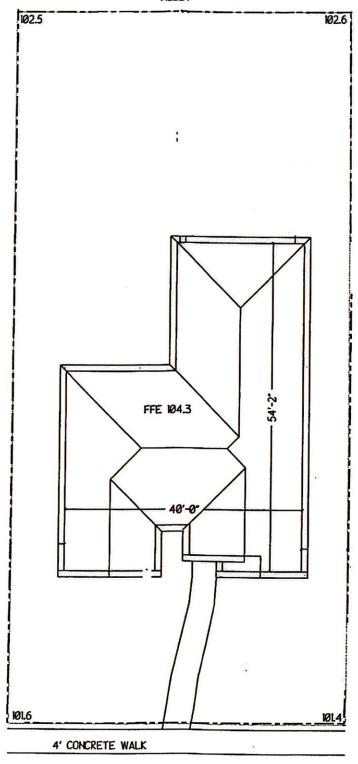
\*\*HOMEOWNER AFFIDAVIT: I HEREBY CERTIFY THAT THE WORK DESCRIBED ON THIS PERMIT APPLICATION SHALL BE INSTALLED BY MYSELF IN MY OWN HOME IN WHICH IS MY LEGAL RESIDENCE OF RECORD AND I HAVE NOT OBTAINED OR HELD A BUILDING PERMIT WITHIN ANY TWO (2) YEAR PERIOD AS A HOMEOWNER FOR WORK AT (3) DIFFERENT ADDRESSES.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

# **EXAMPLE OF FLOOR PLANS**



## **EXAMPLE OF SITE PLANS**





TOC 100.1