



CERTIFICATE OF OCCUPANCY APPLICATION

City of Pittsburg

200 Rusk Street

Pittsburg, TX 75686

Phone: 903-856-3621 Fax: 903-856-0544

Application Date: _____

Permit # _____

BUSINESS INFORMATION

Business Name		Business Phone No.	Cell Phone No.
Address	Street	City	State Zip Code

BUSINESS OWNER INFORMATION

Business Owner Name		Cell Phone No.	E-Mail Address
Address	Street	City	State Zip Code

BUILDING OWNER INFORMATION

Building Owner		Cell Phone No.	E-Mail Address
Address	Street	City	State Zip Code

BUILDING INFORMATION

Anticipated length of renovation:	Anticipated Opening Date:		
Proposed use of the building and space (please be specific)			
Total occupied area(Sq. Ft)	Total provided parking space		
Turn on Gas <input type="checkbox"/> Yes <input type="checkbox"/> No	Electric <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Sprinklers <input type="checkbox"/> Yes <input type="checkbox"/> No
RPZ Installation <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A copy of the Tax Certificate	Sales Tax # _____	

CHECK THE FOLLOWING THAT IS APPLICABLE TO YOUR USE

<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> GAS STATION	<input type="checkbox"/> GROCERY	<input type="checkbox"/> RETAIL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> OFFICE SPACE
<input type="checkbox"/> DAY CARE	<input type="checkbox"/> NON-PORFIT	<input type="checkbox"/> SOCIAL CLUB	<input type="checkbox"/> MEDIAL	<input type="checkbox"/> WRECKER	<input type="checkbox"/> MECHANIC
<input type="checkbox"/> SOCIAL SERVICES	<input type="checkbox"/> BEAUTY SALON/ BARBER	<input type="checkbox"/> HOTEL	<input type="checkbox"/> BED & BREAKFAST	<input type="checkbox"/> CHURCH	<input type="checkbox"/> OTHER

CHECK ANY OF THE FOLLOWING THAT ARE APPLICABLE TO YOUR BUISNESS

<input type="checkbox"/> FOOD PRODUCTS	<input type="checkbox"/> FIREWORKS	<input type="checkbox"/> OUTDOOR VENUE	<input type="checkbox"/> HEALTH HAZARS	<input type="checkbox"/> LOUD NOISES	<input type="checkbox"/> SPRAY PAINTING
<input type="checkbox"/> OMPRESSED GASSES	<input type="checkbox"/> WELDING OR OPEN FLAME	<input type="checkbox"/> OUTDOOR VEHICLE STORAGE	<input type="checkbox"/> DUST PRODUCING EQUIPMENT	<input type="checkbox"/> EXLOSIVES/ AMMUNITION	<input type="checkbox"/> SEMI- CONDUCTOR
<input type="checkbox"/> RECLAIMING WASTE MATERIALS	<input type="checkbox"/> POISONOUS OR HAZARDOUSE CHEMICALS	<input type="checkbox"/> FLAMMABLE OR COMUSTIBLE LIQUIDS(10 GAL+)	<input type="checkbox"/> ODOR PRODUCING	<input type="checkbox"/> STORAGE OVER 12FT. HIGH BUILDING TOTAL SQ. FT. _____	<input type="checkbox"/> OTHER



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I understand that by signing this application that any Certificate of Occupancy issued on the basis of incorrect information supplied on this application may be revoked and utilities disconnected. Signature of occupant constitutes approval for city Building Official to enter the property for necessary inspections and disconnect utilities for incorrect information or improper use of the building.

The applicant shall be responsible to schedule final inspections once the building is ready to be occupied (upon completion of renovation/construction) and at least seven business days prior to expected opening or occupancy.

Contact Person _____

Phone # _____

Signature of Occupant

Date

For Office Use Only

All Items must be conducted if applicable prior to water service being turned on.

<input type="checkbox"/> Zoning Review	Date Conducted _____
<input type="checkbox"/> Customer Service Inspection	Date Conducted _____
<input type="checkbox"/> Electrical Inspection	Date Conducted _____
<input type="checkbox"/> Fire Marshal Inspection	Date Conducted _____
<input type="checkbox"/> Water Service	Date of Service Turned on _____

Signature of Building Inspector

Date

Signature of Fire Department Inspector

Date

Reviewed By: _____

Date: _____

APPROVED DENIED



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- **If approved the Certificate of Occupancy must be displayed on a wall at the entrance or near a register and visible at all times.**
- **A Certificate of Occupancy must be issued by the City prior to water service being turned on.**

No commercial business shall open or no commercial building erected or structurally altered shall be occupied, used or changed in use until a certificate of occupancy and compliance shall have been issued by the Chief Building Inspector.

All building inspections, fire inspections, zoning regulations, health law and city ordinances shall be passed and approved prior to the issuances of a Certificate of Occupancy by the City of Pittsburg.

Request for Final Building & Fire Inspections of a commercial building or structure shall be scheduled by the applicant at least seven business days prior to the expected date of opening of occupancy.

Building Inspector and Fire Inspector will conduct final inspections on Tuesday and Thursdays only.

Incomplete applications will not be processed.

Please email acruz@pittsburgtx.net
if you need assistance pertaining the permit requirements
A Certificate of Occupancy will be issued once all completed
requirements have been checked and approved by the Building Official