

COMMERCIAL REQUEST FOR CERTIFICATE OF OCCUPANCY

7008 S. Rice Avenue
 Bellaire, TX 77401
 O: 713-662-8230 | F: 713-662-8233
 E-mail: inspections@bellairetx.gov

Note: For shopping strips and office buildings, please ensure that the City has an up to date list of tenants and square footages. Failure to do so will delay your application process.

Name of Applicant:		Applicant Phone Number:	
Inspection Address:			

I. Type of Building:

- Retail
- Office Building
- Restaurant
- Other _____

II. Use of Building or Space

Previous Use _____
 Proposed Use _____
 Type of Business _____
 Maximum Capacity (occupancy) _____
 Zoning District _____ Flood Zone _____
 Changing the Use of a Building Space? Yes No

III. Construction Work Involved (if any):

- New Building
 - Alteration to Existing Building
 - None of the Above
- Building Permit # (if applicable): _____

Name of Tenant: _____
 Name of Management Co.: _____
 Name of Owner: _____

IV. Building Information

Project Construction Area (in sq. ft.) _____
 Building Construction Type: Slab Pier & Beam
 Occupancy Group _____
 Number of Stories or Floor Levels _____
 Are there fire sprinklers? Yes Partial No
 Is there an elevator? Yes No

V. Parking Information

Total Parking Area (in sq. ft.) _____
 Total # of Parking Spaces _____
 Total # of Floors in Garage (if applicable) _____

VI. Certificate Requested For:

- New Building
- Renovated Building
- Commercial Leasing Property
- Change of Ownership of Building
- Other: _____

Tenant Contact No.: _____
 Management Co. Contact No.: _____
 Owner Contact No.: _____

I, the Applicant, hereby certify that the information supplied on this application is true and correct to the best of my knowledge; and that any construction, alteration or repair has been performed in accordance with the applicable regulations and under a valid permit issued by the City of Bellaire.

Fees:
 Certificate: \$100.00
 Processing: \$30.00
 Total: \$130.00*

Signature: _____ **Date:** _____

*Requests for refund for Certificate of Occupancies are subject to \$25 refund fee

(For Office Use Only)

Approved By: _____ **Date:** _____