



Application for Certificate of Occupancy

Application Date: _____ **Certificate No:** _____

Street Address:			
Name of Business:			
Name of Occupant or Business:			Phone:
Mailing Address:			
City, State, Zip:		Email:	
Name of Building Owner			Phone:
Total Occupied Area:		Fire Sprinklered?	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Check the Following:	New Construction:	Remodeling:	Previously Remodeled:
Building or Lease space will be used for the following purposes (BE SPECIFIC):			

Does your Occupancy Involve: (please check all appropriate uses)

Alcoholic Beverage		Poisonous or Hazardous Chemical/Acids	
Compressed Gases (LPG; ETC.)		Woodworking/Dust Producing Equipment	
Explosives/Ammunition/Fireworks		Other Hazard (Specify)	
Flammable Liquids or Gases (30 Gallons or more only)			
Existing Sachse Company:	Yes <input type="checkbox"/> No <input type="checkbox"/>	New Start-up Company:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Relocating:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Relocating, Where from?			
Number of Employees			
<small>Notice to Applicant: Any Certificate of Occupancy issued on the basis of incorrect information supplied on this application may be revoked, signature of Occupant or Occupants Agent constitutes approval for City Employees and City Agents to enter the property for necessary inspections.</small>			
Contact Person:			Phone:
Driver License:	Expiration Date:		Date of Birth:
Signature of Occupant or Occupant Agent:			Date:

Office Use Only

Change in Occupancy:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Previous Use of Building:	
Subdivision:		Lot:	Block:
Building Permit No.:	Zoning:	Occupancy:	Construction Type:
Inspected by:		Occupant Load:	
Building Inspection:	Date:	E.H.S:	Date:
Fire Department:	Date:	Health:	Date:
Accepted by:	Date:	Issued by:	Date:
Comments:			



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GENERAL INFORMATION

Business Name: _____ Preplan#: _____
 Business Address: _____
 Cross Street: _____ Occupancy Type: _____
 Knox Box: _____ Knox Location: _____
 Date Completed: #1 _____ #2 _____ #3 _____
 Station Number: _____ Box Number: _____ Prepared by: _____

OWNER/OCCUPANCY INFORMATION

Property Owner:		Telephone #: () -
Business Name:		Telephone #: () -
Business Owner:		Telephone #: () -
Onsite Contact Person:		Telephone #: () -
After Hour Contact #1:		Telephone #: () -
After Hour Contact #2:		Telephone #: () -

UTILITY INFORMATION

Water Company:		Telephone #: () -
Gas Company:		Telephone #: () -
Electric Company:		Telephone #: () -
Alarm Company:		Telephone #: () -
Elevator Company:		Telephone #: () -

CONSTRUCTION INFORMATION

Construction Type: _____
 o 7 _____
 Roof Type: _____
 Roof Construction: _____
 Roof Decking: _____
 Roof Covering: _____
 Comments: _____

Business Activities	



ALCOHOLIC BEVERAGE PERMIT APPLICATION

Development Services Department
3815-B Sachse Road
Sachse, TX 75048
(469) 429-4781

OFFICE USE ONLY	
Fee: _____ \$ _____	
Permit: _____	
TABC License: _____	
Issue date: _____	
Expire date: _____	
<input type="checkbox"/> New	<input type="checkbox"/> Renewal

Business Name Known As: _____

Business Address: _____ **Zip:** _____

Business Phone: (_____) _____ **Total Number of Employees:** _____

Corporate Name: _____

Corporate Mailing Address: _____
City State Zip

Application is filed for:

- BQ - WINE AND BEER RETAILER'S OFF-PREMISE PERMIT
- RM - MIXED BEVERAGE RESTAURANT PERMIT WITH FOOD & BEVERAGE CERTIFICATE
- SUP – SPECIAL USE PERMIT FOR A PRIVATE CLUB
- OTHERS _____

Where you would like this application to be mailed to next year: Name: _____

Address: _____ **Email:** _____

OWNER OR APPLICANT INFORMATION

Owner's Name: _____ **Home Phone:** _____

Owner's Address: _____

Owner's Normal Weekly Schedule: _____

Texas Driver's License #: _____

Date of Birth: _____

Comments or Special Conditions: _____

All fees must be paid at the time of application. Failure to complete all information may cause delay in process of permit.

I certify that the information provided above is complete, true and accurate to the best of my knowledge. I will also abide by all provisions of the City of Sachse Code of Ordinances to the best of my ability.

Applicant's Signature: _____ **Date:** _____



The City of
SACHSE

Environmental Health Services
3815 B Sachse Road
Sachse, TX 75048
Phone: 469-429-4788

OFFICE USE ONLY	
Fee:	\$ 225.00
Permit:	_____
Class:	_____
Issue date:	_____
Expire date:	_____
<input type="checkbox"/> New	<input type="checkbox"/> Renewal

HEALTH SERVICE PERMIT APPLICATION

BUSINESS INFORMATION

Business Name: _____

Business Address: _____ **Zip** _____

Business Phone: (____) _____ **Total Number of Employees** _____

Corporate Name: _____

Corporate Mailing Address: _____
City State Zip

If manager is not business owner, list name(s), address(es), and phone number(s) of owner(s), franchise holder(s), corporate supervisor(s), area manager or other responsible party:

Where would you like this application to be mailed/email to next year: Name: _____

Address: _____

Email Address: _____

MANAGER INFORMATION

ALL INFORMATION IN THIS SECTION MUST BE COMPLETED. FAILURE TO COMPLY MAY DELAY ISSUANCE / RENEWAL OF PERMIT.

Manager's Name: _____

Manager's Address: _____

Manager's Home Phone: _____

Manager's Normal Weekly Schedule: _____

Date Manager was employed at present store: _____

Texas Driver's License #: _____ **Race:** _____

Date of Birth: _____ **Sex:** _____

I certify that the information provided above is complete, true and accurate to the best of my knowledge. I will also abide by all provisions of the City of Sachse Health Code to the best of my ability.

Applicant Signature: _____ **Date:** _____