

CITY OF DAYTON - 111 N CHURCH ST - DAYTON, TX 77535 - 936.258.2642

# **CERTIFICATE OF OCCUPANCY/TEMPORARY C/O**

### **PERMIT FEE:** \$55.00

#### ADDRESS AND OCCUPANT INFORMATION:

Name of Business:	Owner/Mgr:					
Address:		City:		_ State: _	Zip:	
Fax:	Email:					
State Tax ID:			Driver's License			
Emergency Contact:			_ Phone:			

IF APPLICABLE, PLEASE INCLUDE A COPY OF: T.A.B.C PERMIT, STATE HEALTH PERMIT, SSN, ADA PERMIT #, ASBESTOS SURVEY #, AND ANY OTHER APPLICABLE INFORMATION IF REQUESTED.

PROPERTY OWNER/LEASING AGENCY INFORMATION:

Owner/Lease Agency:		· · · · · · · · · · · · · · · · · · ·		
Address:		_ City:	State:	_Zip:
Fax:	Email:	Pho	ne:	

ADDITIONAL INFORMATION NEEDED FROM APPLICANT:

PLEASE NOTE: ANY APPLICANT WHO HAS APPLIED FOR A NEW COMMERCIAL OR INDUSTRIAL ACCOUNT WILL HAVE TO MEET ALL THE DEVELOPMENT AND LAND USE REQUIREMENTS THAT ARE IN ORDER FOR CITY UTILITIES TO BE TURNED ON.

## PLEASE ANSWER ALL QUESTIONS. IF YES, PLEASE EXPLAIN IN FURTHER DETAIL

TYPE OF OPERATION AT THIS LOCATION: \_\_\_\_\_

Building Square Footage:

Occupancy Projection(S): (Please Include Employees, Customers, Sale Events, Peak Times, Etc):

Will The Applicant Be Doing Any Remodeling To The Existing Site?

Will The Applicant Be Increasing The Existing Site In Any Capacity, Including Landscape, Parking, Signage, Drive Thru Window, Driveway, Etc?

Will The Site Be Changing Or Combining Its Existing Use In Anyway Now And Future (I.E. Commercial To Residential)?

# TO SUBMIT FORM PLEASE EMAIL IT TO PLANNING@DAYTONTX.ORG