CITY OF DEL RIO
CERTIFICATE OF OCCUPANCY PERMIT APPLICATION
FOR EXISTING BUILDINGS

- A certificate of occupancy is required when you are occupying any building, building space or change in ownership.
- Application must be filled out by tenant or new owner, all information must be provided.
- What will be required for an occupancy permit: Floor plan of building or space being used, the type of occupancy, measurements of all rooms in the building including corridors with description of use, a site plan including existing buildings, driveways, parking spaces with dimensions.
- Three copies of the building floor plan and site plan, four copies if food is being prepared. Must be submitted with application and plan review fee.
- Determine the previous usage of the building by consulting with landlord
- If building changes in group use, the building must comply with new code requirements as per 2015 I.B.C. Suggestion, consult with Building Dept. and Fire Marshall before submitting drawings.
- Plan Review: Your plans will be reviewed under zoning, building, electrical, plumbing, mechanical, fire, and/or health code requirements.
- Once permit is issued, take the time to go over your documents and make sure you understand what will be required of you at the time of inspection.
- Plan review fee $15, permit fee $40. If inspection fails there will be a $30 re-inspection fee, second re-inspection fee $60, and third re-inspection $90.
- The review can take up to 10 business days.
- Courtesy inspection can be conducted upon customer's request

All work done under this permit shall fully comply with all ordinances passed by the City of Del Rio regulating the above and upon failure or refusal of the bearer of this permit becomes null and void. This permit shall also become null and void 6 months from the date of issue if work has not started and/or reasonable progress is not made, UNLESS YOU CALL IN FOR AN EXTENSION PRIOR TO THE DATE OF EXPIRATION.

City Of Del Rio
Certificate of Occupancy
Permit Application for Existing Buildings

City of Del Rio, Code Compliance Department, 109 W. Broadway (mailing address) 114 W. Martin (Street Address)
Tel: (830) 774-8553 Fax: (830)703-5305, Web site at www.cityofdelrio.com

Please print clearly complete all requested information **LOG#**

Business Owner Name:	**New Business Name:**
Property Address: **City/State/Zip**	**Legal Description** **Lot:** **Block:** **Addition:**
Contact Phone/Cell Phone:	**E-Mail:**
Property Owner:	**Contact Phone/Cell Phone:**
Address:	**City/State/Zip:**

BUILDING INFORMATION

PREVIOUS USE: _____TYPE OF CONSTRUCTION: _____
(Office, store, mechanic shop, restaurant etc.) **(Brick, Metal, Wood etc.)**

PROPOSE USE: _____
(Give brief description of business)

BLDG. SQ. FT._____HEATED AREA SQ. FT._____LEASE SPACE:□YES □NO

OTHER _____NUMBER OF STORIES: _____
(Carports, patio, garages, Storage area etc.)

FIRE SPRINKLER: □YES □NO **FIRE ALARM: □YES □NO**

ARE CONSTRUCTION MODIFICATIONS PROPOSED? YES____ NO_____
(IF YES SUBMIT PLANS AND SPECIFICATIONS FOR REMODELING)

NUMBER OF EXISTING PARKING SPACES: _____
EXISTING SURFACE TYPE: _____
(DEPENDING ON BUSINESS USE, MORE SPACES MAY NEED TO BE ADDED)

HAZARD MATERIALS: ARE FLAMMABLE, COMBUSTIBLE OR OTHER HAZARDS MATERIALS TO BE STORED OR USED IN PROCESSING AT THIS FACILITY? YES_____NO_____. IF YES, SUPPLY CHEMICAL LIST BY NAME AND QUANTITIES.

IS THIS A FOOD ESTASBLISHMENT BUSINESS? YES____NO_____ (Contact Heath Department)

WILL ALCOHOL BE SERVED? YES____NO____
(Contact City Secretary/TABC office for permits and licenses)

SIGNS

NUMBER OF EXISTING SIGNS: _____

ARE SIGNS GOING TO BE ADDED OR REPLACED? □YES □NO
(If YES License Sign Contractor must submit sign permit application)

_____
(Give brief description of sign(s) to be installed)

PROJECTION DATE FOR OPENING OF BUSINESS: _____

APPLICANT SIGNATURE: _____ DATE_____
I hereby certify that I am an authorized agent of the owner, and have the owner's consent to enter the property to complete the work. After close review of this application, I further certify that all the information provided is true and correct to my knowledge.
COMPLETE: _____