

**CITY OF MOUNT PLEASANT, TEXAS**  
**APPLICATION FOR CERTIFICATE OF OCCUPANCY**

**FEE \$ 20.00**

**Return To:** Building Department  
501 N. Madison  
Mount Pleasant, TX 75455

Phone 903-575-4000  
Fax 903-577-1828

**Name of Business:** \_\_\_\_\_

**Name of Business Owner:** \_\_\_\_\_

**Daytime Phone #** \_\_\_\_\_ **Emergency/After Hours Phone #** \_\_\_\_\_

**Business Owner's Email Address:** \_\_\_\_\_

**Building Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Building Owner:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Owner's Address** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Please state the anticipated opening date for your business:** \_\_\_\_\_

What will the occupied space be used for? (Please be specific) \_\_\_\_\_

**Total occupied area (Sq. Ft.)** \_\_\_\_\_ **Fire Sprinklers ( ) Yes ( ) No**

Please check any of the following that are applicable to your business.

- |   |  |
|---|--|
| <input type="checkbox"/> Food Products                          | <input type="checkbox"/> Flammable or Combustible Liquids<br>(10 Gallons or more ONLY) |
| <input type="checkbox"/> Day Care                               | <input type="checkbox"/> Outdoor Storage or Display                                    |
| <input type="checkbox"/> Explosives/Ammunition                  | <input type="checkbox"/> Semi Conductor  |
| <input type="checkbox"/> Health Hazards                         | <input type="checkbox"/> Compressed Gases (LPG., Etc)                                  |
| <input type="checkbox"/> Spray Painting                         | <input type="checkbox"/> Dust Producing Equipment                                      |
| <input type="checkbox"/> Welding or Open Flame                  | <input type="checkbox"/> Fireworks   |
| <input type="checkbox"/> Outdoor Vehicle Service                | <input type="checkbox"/> Reclaiming Waste Materials                                    |
| <input type="checkbox"/> Poisonous or Hazardous Chemicals/Acids |  |

Any storage over 12 ft. high inside building? Total sq. ft. \_\_\_\_\_

Any storage over 15 ft. high inside building? Total sq. ft. \_\_\_\_\_

**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 occupant's agent constitutes approval for City employees to enter the property for necessary inspections.

**Contact Person** \_\_\_\_\_ **Phone #** \_\_\_\_\_

\_\_\_\_\_  
**Date:** \_\_\_\_\_

**Signature of Occupant or Occupant's Agent**

The fire department will make an inspection of your premises after you open for business to make sure it complies with applicable fire and safety codes.