

Application for Certificate of Occupancy City of Devine

* Provide as much information as possible. Call the City of Devine at 830-663-2804 if you have any questions.

Include a Site Plan of the property showing the building location on the property, the arrangement of parking spaces, fire lanes, location of emergency exits, etc. **Include a Floor Plan** of the building including the size of rooms or areas and proposed use of the rooms/areas, location and size of exits, fire detection & suppression devices, fixed furniture, etc.

Attach a copy of your Texas Sales and Use Tax Permit and a copy or copies of any required state licenses if they have been approved / issued.

I. Applicant Information / Business Owner:

1. Name (Contact Person): _____
2. Company Name: _____
2. Mailing Address: _____
3. Daytime Phone No.: _____
4. Drivers License No. _____ State: _____

II. Building / Property Owner Information:

1. Name (Contact Person): _____
2. Company Name: _____
2. Mailing Address: _____
3. Daytime Phone No: _____
4. Drivers License No. _____ State: _____

III. Property Information: (Item 1-6 can be obtained from deed or Appraisal Dist. (830)741-3035.)

1. Physical Address: _____
2. Mailing Address: _____
3. Subdivision: _____
4. Block: _____
5. Lot: _____
6. Acres (if known): _____
7. Zone: _____
8. Fire District: _____
9. Floodplain Zone: _____

IV. Structure Information: (information available in International Building Code, 2003 ed.)

1. Construction Type: _____
 2. Total Square Footage of building: _____
 3. Square Footage of Portion to be used: _____
 4. Square Footage of area accessible to public/visitors: _____
 5. Number of Restrooms: ____ Men (no. of toilets/urinals ____); ____ Women (no. of toilets ____)
 6. ADA Compliant (circle one): Entrance & Emergency Exits: Yes No ; Restrooms: Yes No
 7. Number of Off-street Parking spaces: _____
 - a. Number of parking spaces designated as accessible (ADA), by sign(s): _____
- (Items number 8, 9., & 10. require annual inspections by state licensed inspectors.)
8. Fire Alarm System: Yes / No (Circle One) Detectors Present: Yes / No (Circle One)
 9. Number of Fire Extinguishers: _____ (Fire extinguishers must be inspected annually.)
 10. Other Fire Detection/Prevention Devices (standpipes, sprinkler system, vent hood extinguishers, etc.): _____
 - a. If building has FDC (Fire Department Connection), distance to nearest fire hydrant: _____ feet
 11. Number of Stories: ____ Number Above Ground: ____ Number Below Ground: ____
 12. Number of Exits (per floor if applicable): _____

(*All exits should open outward (in the direction of egress), and should be non-locking from the inside of the building, with few exceptions. Panic hardware is strongly recommended on exit doors. All exit doors other than the primary entrance need to have lighted exit signs in place.)
 11. Maximum Travel Distance to nearest Exit (in feet): _____
 12. Is Building a Mixed Occupancy? YES NO (* if YES, fill out section V.)

V. Mixed Occupancy (building houses more than one business, such as an outlet shopping center.)

1. Are any neighboring (attached) occupancies vacant? YES NO
2. What is/are the name(s) and use(s) of the neighboring occupancy(ies)?

3. Is there a firewall separating the different occupancies of the building? YES NO
* Fire walls extend from floor to roof, and any penetrations through the wall must be in accordance with NFPA standards
4. What is the fire resistant rating (in hours) of the above mentioned firewalls? _____

VI. Proposed Use Information:

1. Business Name / Assumed Name: _____
2. Use (Type of Business): _____
3. Group: _____
4. Suggested Operating Hours: _____
5. Hours that business is open to the public/visitors (if applicable): _____
6. Suggested Number of Employees at busiest time of day: _____
7. Any special licensing (i.e. TABC, TDHS, TDH license etc.): _____

VII. Emergency Contact (contact information other than business address & business phone number)

Name: _____
Mailing Address: _____
Phone Number: _____

I, the undersigned, hereby certify that the information contained in this application is true and correct to the best of my knowledge.

I understand that by completing this application, I am requesting a permit to be issued and an inspection to be conducted to determine that the building, its location, and any special requirements will be in compliance with any applicable laws, ordinances, rules and/or regulations, and allow for the above proposed use.

I understand that this application does not guarantee the issuance of a permit, inspection or ultimately a Certificate of Occupancy, due to any non-compliance with any regulations such as zoning, use, building codes, state laws, or city ordinances. Furthermore, I am aware that, in some cases, special approvals or licensing may be required for the operation of the above listed business. Some approvals, such as variances and special licenses (such as TABC, TDH, etc.) may need to be granted or issued which could take several weeks to get approved.

I understand that I may be required to provide additional information not included on this application, and that research may need to be done in certain situations, to verify compliance with any applicable laws, ordinances, or regulations, or to determine if anything would prohibit the above proposed use. I understand that I may appeal any decision made by any member of the staff of the City of Devine to the Devine Planning and Zoning Commission and/or the Devine City Council as applicable.

I also understand that the city of Devine has regulations pertaining to signs and will comply with such regulations before placing any sign on the building other than signage on glass windows and doors and one wall mounted sign for each entrance into the business which is not to extend above the roofline. I understand that Temporary Signs are prohibited within the City of Devine.

Signature of Applicant

Date