



## CERTIFICATE OF OCCUPANCY INFORMATION

CITY OF DALWORTHINGTON GARDENS  
2600 Roosevelt Drive, DWG, TX 76016  
TEL. 817-274-7368 FAX 817-265-4401  
[www.cityofdwg.net](http://www.cityofdwg.net)

A Certificate of Occupancy is required for

- A new building and/or structure
- A new owner for an existing building, structure or business
- A new use, tenant, or occupancy in an existing building, structure or tenant space
- A remodeled, altered, or expanding building, structure or tenant space
- A change in name of an existing business
- A clean and show (temporary power for 30 days maximum)

The owner and/or tenant must complete and submit a certificate of occupancy application accompanied with the required non-refundable application processing fee of \$100.00 along with picture identification.

Application will be evaluated for code and ordinance compliance. The process may take up to 5-10 business days.

If no additional information is needed, required inspections can be conducted.

If violations are noted during the inspection process a correction notice will be issued. Otherwise, the application will be approved and issued upon successful completion of inspection

Application submittal will expire after 60 days of acceptance by city official. To re-apply, another \$100.00 non-refundable application fee will be assessed.

The applicant is responsible to schedule inspections with the City by calling 817-274-7368 between the hours of 8:30 a.m. and 5:00 p.m. Monday – Friday.

If the proposed new business is not similar to the previous use or if new equipment and/ or a new operation/process is proposed the applicant must first submit a floor plan, equipment layout, letter describing the new operation along with a \$100.00 review fee for evaluation, or a building permit in which the applicant must clearly show compliance with adopted codes and ordinances. A permit will be required and must be secured prior to a certificate of occupancy submittal.

With an active building permit the owner and/or tenant must complete and submit a certificate of occupancy application which will be approved and issued upon construction, approval from all departments performing inspections and securing a building final.

\*\* Please note when filing your business's sales tax reports, DWG has two local codes, Dalworthington Gardens 2220264 at a tax rate of 1.5% and Dalworthington Gardens Crime Control 5220601 at a tax rate of 0.05%

A certificate of occupancy is issued after the application is reviewed, the building or structure is inspected and it is determined that no violations exist of any provisions of the City of Dalworthington Gardens adopted codes or ordinances.

Posting of a certificate of occupancy certificate shall be posted in or upon the premises to which they apply so that they are readily visible to anyone entering the premises.

Sign permits will only be issued after a certificate of occupancy is issued. Signage for business must match the name on the certificate of occupancy.

**Note: The building official may, in writing, suspend or revoke a certificate of occupancy if issued in error, or on the basis of incorrect information provided, or when it is determined that the building, structure or portion thereof is in violation of any ordinance, regulation or code adopted by the City of Dalworthington Gardens**



**CERTIFICATE OF OCCUPANCY  
APPLICATION**

**CITY OF DALWORTHINGTON GARDENS**  
2600 Roosevelt Drive, DWG, TX 76016  
TEL. 817-274-7368 FAX 817-265-4401  
[www.cityofdwg.net](http://www.cityofdwg.net)

**A non-refundable \$100.00 processing fee is required with application submittal along with Photo Identification**

Application Date \_\_\_\_\_ (application will expired after 60 days of submittal)

Address of Use \_\_\_\_\_ Suite No. \_\_\_\_\_

Business Name \_\_\_\_\_ Phone # \_\_\_\_\_

Proposed Use of Building **(be specific)** \_\_\_\_\_

Nature of Business (Check all that apply)  Auto Repair  Manufacturing  Office  Restaurant  
 Retail  School  Warehouse  
 Other \_\_\_\_\_

Number of Square Feet to be used for the following:

Total Area \_\_\_\_\_ Office \_\_\_\_\_ Warehouse use \_\_\_\_\_

Will signs be replaced or installed?  Yes  No Is this a sub-lease?  Yes  No

Is your business required to collect sales tax? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure

If Yes, list your sales tax permit number and business name \_\_\_\_\_  
(sales tax # ) ( business name )

Type of Application (check all that may apply)

- New Construction/Shell  Change of Ownership  Change of Occupant/ New Business
- Clean & Show (over 30 days)  Existing Business/New Owner  Existing Business Name Change
- Expanding Lease Space  Other \_\_\_\_\_

Occupant/Lessee Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address (other than application address) \_\_\_\_\_

Building Owner Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

<b>C. O. Questionnaire</b>		<b>YES</b>	<b>NO</b>
1.	Are you enlarging an existing tenant space by combining suites, or portions of suites? If yes, list lease spaces being combined _____	<input type="checkbox"/>	<input type="checkbox"/>
2.	Will you store, use, dispense or mix flammable or combustible liquids for purposes other than maintenance for operation of equipment? If yes, specify the type of product and the projected quantities _____	<input type="checkbox"/>	<input type="checkbox"/>
3.	Will there be any spray painting on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Will you handle or use any hazardous or toxic chemicals such as but not limited to oxidizers, corrosive liquids, poisonous gases and radioactive materials? If yes, specify the type and projected quantities _____	<input type="checkbox"/>	<input type="checkbox"/>
5A	Will the principal use of the building or tenant space be used for storage? If yes what materials will be stored? _____ What percentage will be used for storage? _____ How high will materials be stacked? _____	<input type="checkbox"/>	<input type="checkbox"/>
5B	Will the materials be stored on racks?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Will the building be equipped with a <input type="checkbox"/> fire sprinkler system <input type="checkbox"/> standpipe system <input type="checkbox"/> hood ansul system	<input type="checkbox"/>	<input type="checkbox"/>
7.	Will food or beverages be manufactured, packaged, stored, distributed, sold or prepared in any manner other than vending machines?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Will alcoholic beverages be sold for consumption on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Will the building or tenant space be used for a sexually-oriented business or adult entertainment As defined within the Code of Ordinance Chapter 17.8.C.15	<input type="checkbox"/>	<input type="checkbox"/>
10.	Trash Disposal <input type="checkbox"/> Rented Dumpster <input type="checkbox"/> Curb-Side Pick-Up	<input type="checkbox"/>	<input type="checkbox"/>
11.	I have installed or plan to install an alarm system. (Notify DPS and obtain a \$10.00 permit)	<input type="checkbox"/>	<input type="checkbox"/>
12.	Will any goods, merchandise or raw materials be stored outdoors?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Will any goods or merchandise be displayed outdoors?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Will used goods be sold on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Will you be performing any of the following processes on the premises? If yes, check: <input type="checkbox"/> Manufacturing <input type="checkbox"/> Treating <input type="checkbox"/> Formulation/Mixing/Processing <input type="checkbox"/> Vehicle Washing	<input type="checkbox"/>	<input type="checkbox"/>
16.	Will any liquid wastes or sludges be generated which are not disposed of in the sewer system?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Will any form of waste water pre-treatment be utilized at this facility? If yes, briefly describe _____	<input type="checkbox"/>	<input type="checkbox"/>
18.	Will combustible dust be generated (sawdust, fine metal shavings, grain processing/storage)?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Will a swimming pool be located on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Will any portion of the building/space be utilized as a classroom, training room or daycare? If yes, <input type="checkbox"/> Age 0-2 ½ _____ (Number of students) <input type="checkbox"/> older than 2 ½ _____ (Number of students)	<input type="checkbox"/>	<input type="checkbox"/>
21	Will you be performing any of the following activities or processes on the premises? Check all that would apply <input type="checkbox"/> Restaurant <input type="checkbox"/> Sale of alcoholic Beverages <input type="checkbox"/> Tire Storage <input type="checkbox"/> Retail Sales <input type="checkbox"/> Grocery or Convenience Store <input type="checkbox"/> Outside Storage or Display <input type="checkbox"/> Office <input type="checkbox"/> Food Products <input type="checkbox"/> Items stacked higher than 12' <input type="checkbox"/> Dance Floor <input type="checkbox"/> Sanding Mill or Wood Cutting <input type="checkbox"/> Incineration <input type="checkbox"/> Child Care Center <input type="checkbox"/> Parts or Vehicle Wash <input type="checkbox"/> Flammable/Combustible Liquids <input type="checkbox"/> Personal Services <input type="checkbox"/> Welding or Cutting <input type="checkbox"/> Painting or Coating <input type="checkbox"/> Bar Area <input type="checkbox"/> Warehouse <input type="checkbox"/> Manufacturing <input type="checkbox"/> Use of Medical Gas <input type="checkbox"/> Smoking Section on Premise <input type="checkbox"/> Formulation/Mixing/Processing <input type="checkbox"/> Medical/Dental <input type="checkbox"/> Assembly/Gathering/Worship <input type="checkbox"/> On-Site Sewage Facility	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that I have completed this questionnaire for \_\_\_\_\_ and know the same to be true and correct. (Address)

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use Only

Date Received \_\_\_\_\_ Receipt Number \_\_\_\_\_ Clerk \_\_\_\_\_

Zone \_\_\_\_\_ Approved by \_\_\_\_\_

Inspected by \_\_\_\_\_ Special Conditions \_\_\_\_\_

TXU Release Date \_\_\_\_\_ Confirmation Number \_\_\_\_\_

Fire Inspection Date \_\_\_\_\_ Approved by \_\_\_\_\_

Gas Line Inspection Needed  Yes  No