



CERTIFICATE OF OCCUPANCY INFORMATION

CITY OF DALWORTHINGTON GARDENS
2600 Roosevelt Drive, DWG, TX 76016
TEL. 817-274-7368 www.cityofdwg.net
email: permits@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 Safebuilt once your application has been approved.

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.

A Fire Inspection will be conducted annually. Invoice will be sent to the address listed in this application. The cost of inspection is set by city ordinance and can be found in our fee schedule.



CERTIFICATE OF OCCUPANCY APPLICATION

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Permit Number _____

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 _____

C. O. Questionnaire		YES	NO
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? _____	<input type="checkbox"/>	<input type="checkbox"/>
5B	How high will materials be stacked? _____ 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

Amount Paid _____ 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

CERTIFICATE OF OCCUPANCY INSPECTION CHECKLIST

****THIS DOES NOT CONSTITUTE A COMPLETE LIST OF INSPECTION REQUIREMENTS****

**** This is not a complete checklist of inspection requirements. This list is designed for basic CO inspection compliance. Other code requirements may apply that are not listed that may result in a failed inspection.**

Exterior of the Building

- Check for Posted Numeric address numbers facing street of address, Min 4” sized numbers
- Check the overall condition of the exterior of the Building/Structure
- Check the dumpster screening condition
- Verify vacuum breakers are installed on exterior hose bibs
- Check location and termination of the Water Heater T/P drain, Water Heater pan drain and Condensate drain lines from the HVAC equipment
- Check sewer cleanout location and verify threaded caps are installed
- Check for exposed or unsafe electrical wiring
- Verify electrical service installation and location and check for hazardous conditions
- Verify electrical meter has suite numbers, if applicable
- Check A/C condenser equipment for insulation on Freon lines and if ports are exposed install locking/tamper proof caps on Freon ports
- Verify all exterior doors into building or suite are labeled with the numeric address numbers on the exterior side of the door

Interior: Electrical, Plumbing and Mechanical Systems

- Verify interior electrical panel location, panel is properly labeled for identification, panel cover is secured in place, all breakers are installed in correct locations and permanently labeled. Install blank covers in open breaker panel slots that are not in use.
- Verify electrical panel locations are not blocked or covered and have a minimum of 3-foot clearance on all sides
- Verify all electrical outlets, switches, fixtures and etc. are installed correctly with no exposed or hazardous wiring.
- Check for unsafe or exposed NM Cable (Romex), wiring or extension cords
- Verify Restroom locations for code compliance
- Verify all lavatory and sink fixtures installed inside the building have working/running tempered water to the faucets
- Verify all plumbing fixtures are installed correctly and are in working condition
- Verify handicap restroom requirements if applies
- Verify urinal and/or water closet partitions are installed per the Plumbing Code
- Verify restroom exhaust fans are installed, cleaned and working correctly
- Verify HVAC equipment locations, check return air locations, verify all grills/registers are cleaned and installed correctly
- Verify HVAC unit installation location, electrical connection, gas pipe line connection with hard pipe connection through unit wall, vent clearance to combustibles, vent connections, vent supports and vent termination
- Verify HVAC condensation drain connections, gravity fall on drain pipe to drain, termination locations and secondary drain installed. Down-Flow units require float switch on secondary drain
- Verify digital and programmable thermostat is installed to control HVAC system
- Verify water heater location and type (gas or electric)
- Verify water heater is in working condition
- Verify gas water heater vent clearance to combustibles, vent connections, vent support and vent termination
- Verify gas pipe connections, any safety hazards
- Verify water line connections with no visible leaks
- Verify temperature and pressure relief valve is installed with drain line connection and termination location to code

- Verify water heater pan drain line installed and termination location, if pan is installed
- Verify electrical connections for water heater
- Verify NM cable to water heater is installed in conduit
- Verify water heater has a disconnect or is in sight of panel with lock out installed on breaker
- Verify disconnect breaker size for water heater and HVAC system is compatible

Interior: Life Safety and Other

- Verify Exit door locations, posted exit signage, exit pathway distance and all other Exit egress requirements per the Building Code
- Verify panic hardware installed on doors where required
- Verify emergency lighting is installed per code
- Verify “type of use” of building for exit requirements
- Replaced damaged or missing ceiling tiles and ceiling grid
- Replace or repair damaged sheetrock in walls, ceiling or other locations
- Verify backflow device installations where required and the device is tested and in working condition, new testing of device may be required if testing date cannot be verified
- If an RPZ backflow device is installed, verify relief bucket is in working condition and is drained to an approved location
- Verify signage is installed for identification of Restrooms
- If Handicap Restrooms are available then posted signage must meet the minimum requirements of the accessibility code
- Posted signage required for all storage areas, electrical rooms, mechanical rooms, laundry rooms or other industrial locations where hazardous may be present

Site Requirements

- Visible building numbers
- Visible suite numbers
- Required parking spaces available
- Parking spaces striped (9’x18’) and visible
- Permits for all signage, including wind devices
- No smoking signs at main entrance (restaurants)
- Dumpster revetment functional, debris free and in good condition

Health and Food Safety

- Smooth, Non-absorbent, easily cleaned and light in color:
 - Floors
 - Walls
 - Ceilings
- Self-closing Doors
- Screened Windows
- Mechanical Dishwashers – Heat/Chemical, in proper working order
- Dish wash sink (100° minimum temp requirements)
- Hand wash sink (100° minimum temp requirements)
- Hot (100° minimum temp requirement) and cold water
- Utility Sink with sanitizing agent present
- Exhaust vents
- Properly stored chemicals
- Liquid wastes, required interceptors and traps
- Floor drains
- Air gaps

- Black siphonage/back flow
- Lockers for employees
- Garbage storage rooms/cans
- Dumpsters & compactors
- Parking lot & walkways
- Thermometers in coolers and freezers
- Water heater, properly sized
- All coolers in working order (41° or lower)
- Self-closing bathroom doors
- Trash cans with lids in restroom

Fire

- A Fire extinguisher is needed for every 3,000 sq. ft. (2A:10BC)
- All fire extinguishers must be tagged, current, and inspected.
- No more than 75 feet travel distance from an extinguisher
- Exit/Egress lights must be working, battery backup
- Emergency lighting must be in working order when power is shut-off to the building
- No blocked or locked exits
- Fire exit doors must remain clear of obstructions at all times or citations will be issued
- Exit Doors must meet all code compliance
- No storage within 18" below lowest level of sprinkler heads
- Fire Alarm, Sprinkler or Vent-a-Hood system with current tags
- Fire hydrant(s) and Fire Department Connections unobstructed
- Gas cylinders secured with chain or strap
- No combustible materials around water heater/heating units
- No extension cords used as permanent wiring
- No combustible storage within 2 ft. of ceiling (Unsprinkled Building)
- Electrical Panel(s) have 3 ft. clearance on all sides
- Address with visible building numbers (4" numbers facing the street)
- Unsafe/Exposed wires, outlets, fixtures are prohibited
- Fire lane is properly striped and formatted