



# Certificate of Occupancy Application

Development Services  
141 W. Main St.  
Royse City, TX 75189  
permits@roysecity.com  
Phone: (972) 524-4710

**Application for a Certificate of Occupancy (CO) is made to Development Services authorizing the inspection of property.**

Name of Business:		
Business Address:		
Website:		
Date of Application:		
Occupants Name	Signature	Phone
Email	Address, City, State, ZIP	
Building Owner Name	Signature	Phone
Email	Address, City, State, ZIP	
Are you applying for a Shell Building CO? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you changing the name of your business? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Occupancy Information (ALL QUESTIONS MUST BE COMPLETED)**

1. Will you be performing any of the below activities or processes on the premises?  
**MARK WITH AN 'X' ALL THAT APPLY**

Assembly/Gathering/Worship	Grocery or Convenience Store	Bar Area/Alcohol Sales
Child Care/Day Care	Personal Services	Office
Restaurant	Retail Sales	Storage
Warehousing	Food and/or beverage processing, storage or sales	Medical/Dental
Dance Floor/Hall	Vehicle Sales/Repair	Woodworking
Painting with Flammables	Combustible Fibers	Dry Cleaning Solvents
Fireworks	Dust Producing Process	Interior Floor Drains
Tobacco or related products	Cellulose Nitrate Film	Explosives/Ammunition
X-ray development	Compressed Gases	Recycling Waste
Flammable/Combustible liquids (10 gal. or more)	Liquid Propane Gas	Magnesium
High Piled Stock (over 12')	Poisonous or hazardous chemicals/acids	Welding or Cutting

**\*\* Provide chemical data sheets to the Building Inspection Department listing the maximum quantity of all hazardous materials\*\***

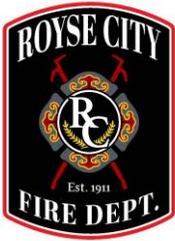
List any material discharged into the draining system, ground, or atmosphere:

2. Do you plan to make any interior or exterior improvements or renovations to the building?  
 Yes    No  
 If YES, describe scope of work:

Occupancy Information (ALL QUESTIONS MUST BE COMPLETED)	YES	NO
3. Will you store, use, dispense or mix flammable or combustible liquids for purposes? If YES, specify the (a) type of product and the (b) projected quantities (MSDS sheets must be submitted with app).		
4. Will you handle or use any hazardous or toxic chemicals such as, but not limited to, radioactive, explosive, or organic materials? If YES, specify (a) types & (b) quantities:		
5. Will the building need to have its electricity turned on?		
6. Are you occupying the entire building or lease space?		
7. Is the building or space currently vacant or is this a new building? (Check one) <input type="checkbox"/> Currently Vacant <input type="checkbox"/> Currently Occupied <input type="checkbox"/> New Building	N/A	
8. Will you be subleasing from an existing tenant?		
9. What is the area of the lease space (in square feet)? _____ sq. ft.	N/A	
10. Does the building have a Fire <i>ALARM</i> System?		
11. Does the building have a Fire <i>SPRINKLER</i> System?		
12. How much of this space is intended for office purposes? <input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25% <input type="checkbox"/> Less than 25% <input type="checkbox"/> Other: ____%	N/A	
13. If <u>OTHER THAN 100%</u> , how will the remaining space be used? If 100%, skip question.	N/A	
14. Provide a description of how the business will operate (e.g. what type of business activities will occur on-site, what business activities will occur off-site, if it's open to the public, whether sales are made on-site or in some other way, what type of services are rendered, if manufacturing or distribution will occur, etc.)	N/A	
15. Where does the most of your business occur? <input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site <input type="checkbox"/> 50/50 Split <input type="checkbox"/> Other Split: _____	N/A	

16. What type(s) of clientele do you mostly do business with?	N/A	
17. Will business have on-site sales of merchandise/products (i.e. is it open to the public)?		
18. Will your business be using the space mostly for storage (i.e. you meet employees on-site, gather/load materials, then leave for a job site)? <i>Mostly means more than 50% of the time.</i>		
19. Will your business have a lobby or waiting area? If YES, what are the dimensions (e.g. 20' x 15'):		
<b>Occupancy Information Continued</b>	<b>YES</b>	<b>NO</b>
20. Will food or beverages be manufactured, packaged, stored, distributed, sold or prepared in any manner other than vending machines?		
21. Will business store equipment, materials, and/or products <i>INSIDE</i> the building? If YES, describe (a) location and (b) dimensions (including height):		
22. Will business store equipment, materials, and/or products <i>OUTSIDE</i> the building? If YES, describe (a) location, (b) dimensions, (c) height of storage, and (d) how it will be screened:		
23. Will any goods, merchandise or raw materials be <i>DISPLAYED</i> outdoors? If YES, describe (a) what will be displayed, (b) its location, (c) dimensions, & (d) time of removal:		
24. Are the parking spaces <i>PAVED</i> ?		
25. Are the parking spaces <i>STRIPED</i> ? If YES, how many?		
26. Does your business sell vehicles, motorcycles, ATV's, trailers, RV's? If YES, what type(s)?  If YES, is inventory New, Pre-Owned, or both? <input type="checkbox"/> New <input type="checkbox"/> Pre-Owned <input type="checkbox"/> Both If BOTH, what is the % of new vs. pre-owned?    ___ % New    ___ % Pre-Owned		
27. Does your business service or repair vehicles or install equipment and accessories into/on vehicles? If YES, describe operations:		
28. Will business have any signage (if yes, a sign permit is required prior to sign installation)?		
29. What hours of operation will the business have? Days: _____ Hours: _____	N/A	
30. How many employees will the business have?    ___ # Full-Time    ___ # Part-Time	N/A	





# CERTIFICATE OF OCCUPANCY PRE-INSPECTION CHECKLIST OF COMMON VIOLATIONS

**Royse City Fire Department - Fire Marshal's Office**

**305 N Arch St. • Royse City, TX 75189 • Phone: 972.524.4819**

**Website: <http://www.roysecity.com/departments/fire/>**

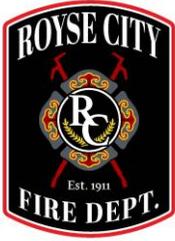
**Email: [rfd@roysecity.com](mailto:rfd@roysecity.com)**

**IN ORDER TO COMPLY WITH THE CITY OF ROYSE CITY ADOPTED CODES AND ORDINANCES  
PLEASE FOLLOW THE DIRECTIONS BELOW**

Walk through the business with this form and answer all of the questions listed below

When the inspection is complete and all violations have been corrected, contact the Royse City Fire Marshal's Office to schedule your inspection

Is your address visible on the outside of the building with contrasting background and numbers at least 12 inches in height?	Yes	No	N/A	Are electrical/mechanical rooms free of combustible storage?	Yes	No	N/A
	If NO, date corrected				If NO, date corrected		
Is your address or suite number visible on the rear of the building with numbers at least 4 inches in height?	Yes	No	N/A	Is the fire lane clearly marked with red paint, to include the TOP of the curb, and fire lane wording legible?	Yes	No	N/A
	If NO, date corrected				If NO, date corrected		
Are your gas and electrical meters labeled with your address or suite number?	Yes	No	N/A	Do you have a fire extinguisher(s) in your business? The minimum required is a 2A10BC (refer to label on extinguisher).	Yes	No	N/A
	If NO, date corrected				If NO, date corrected		
Are all electrical breaker panels accessible and labeled? Disconnects at the meter need to be labeled as "Main Electrical Disconnect". See RCFMO Signage Requirement packet for specs.	Yes	No	N/A	Have all extinguisher(s) been inspected, tagged or serviced within the last year?	Yes	No	N/A
	If NO, date corrected				If NO, date corrected		
Are empty slots in electrical panel filled with approved blanks?	Yes	No	N/A	Is the maximum travel distance to the fire extinguisher 75' or less?	Yes	No	N/A
	If NO, date corrected				If NO, date corrected		
Is the cover on the electrical panel and face plates installed on all electrical outlets, switches and junction boxes?	Yes	No	N/A	Are fire extinguisher(s) visible and readily accessible for use (not blocked by storage, etc.)?	Yes	No	N/A
	If NO, date corrected				If NO, date corrected		
Extension cords cannot be used as permanent wiring. Do you have all electrical devices plugged into receptacles or a single UL approved power strip?	Yes	No	N/A	Is a fire extinguisher mounted or secured on a wall (preferably near an exit) so that the top of the extinguisher is not more than 5 ft. above the floor?	Yes	No	N/A
	If NO, date corrected				If NO, date corrected		
Does the electrical system appear to be in good working order?	Yes	No	N/A	Are required exit path(s) and door(s) unblocked?	Yes	No	N/A
	If NO, date corrected				If NO, date corrected		
If electrical panel or electrical equipment is located in a room, is the room labeled as "Electrical Room"?	Yes	No	N/A	Does the main entry door to the business have a thumb latch lock on the interior side of the door? (Required signage attached that reads: "This door to remain unlocked when building is occupied")	Yes	No	N/A
	If NO, date corrected				If NO, date corrected		



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Buildings with Fire Sprinkler Systems												
Is Fire Department Connection (FDC) unobstructed and cap(s) in place?	Yes	No	N/A	Is fire alarm system currently tagged acceptable with a blue inspection tag? (Inspected within the last year?)	Yes	No	N/A	Is fire riser room equipped with an operational heater, operational emergency lighting and is the door labeled?	Yes	No	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			
	If NO, date corrected				If NO, date corrected							
Is fire sprinkler system currently tagged acceptable with a blue inspection tag? (Inspected within the last year?)	Yes	No	N/A	Is fire riser room equipped with an operational heater, operational emergency lighting and is the door labeled?	Yes	No	N/A	Is fire riser room equipped with an operational heater, operational emergency lighting and is the door labeled?	Yes	No	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			
	If NO, date corrected				If NO, date corrected							
Items that may not be required in all occupancies												
Are exit signs illuminated and work on emergency power or on battery backup	Yes	No	N/A	Has kitchen hood suppression system been inspected in the past 6 months and hood cleaned quarterly?	Yes	No	N/A	Are exit doors used in pairs free of surface or flush mounted bolts? (Surface and flush mounted bolts are not to be used in exit doors.)	Yes	No	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	If NO, date corrected				If NO, date corrected							
Does <b>interior</b> emergency lighting work when tested? (Test button located by LED light on side or bottom)	Yes	No	N/A	Are exit doors used in pairs free of surface or flush mounted bolts? (Surface and flush mounted bolts are not to be used in exit doors.)	Yes	No	N/A	Are exit doors used in pairs free of surface or flush mounted bolts? (Surface and flush mounted bolts are not to be used in exit doors.)	Yes	No	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	If NO, date corrected				If NO, date corrected							
Does the <b>exterior</b> emergency lighting above the exit doors work when tested? (Test button located by LED light on side or bottom)	Yes	No	N/A	Are fire rated door(s) self-closing and self-latching?	Yes	No	N/A	Are fire rated door(s) self-closing and self-latching?	Yes	No	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	If NO, date corrected				If NO, date corrected							
Is maximum occupancy sign posted? (Assembly occupancies of 50 or more)	Yes	No	N/A	Are penetrations in fire rated walls sealed?	Yes	No	N/A	Are penetrations in fire rated walls sealed?	Yes	No	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	If NO, date corrected				If NO, date corrected							

**Two copies of door entry keys will need to be given to the Inspector, on the day of inspection, to be secured in the Knox Boxes located on your building**

If you have any questions during this self-paced inspection of your business, please contact the Royse City Fire Marshal's Office at **972.524.4819**