

COMMERCIAL

DATE OF ISSUANCE: _____

PERMIT # _____

CERTIFICATE OF OCCUPANCY REQUEST

FEE: \$ 50.00

ADDRESS OF OCCUPANCY: _____ SUITE # _____

LOT: _____ BLOCK _____ SUBDIVISION _____

**** CERTIFICATE OF OCCUPANCY WILL NOT BE ISSUED WITHOUT LEGAL DESCRIPTION ****

NAME OF BUSINESS: _____

NEW OCCUPANT: ____ YES ____ NO NEW BUILDING PROPERTY OWNER: YES ____ NO ____

NEW BUILDING: ____ YES ____ NO NEW BUSINESS NAME CHANGE: YES ____ NO ____

NEW BUSINESS OWNER: ____ YES ____ NO

TYPE OF BUSINESS: _____ SQUARE FOOTAGE _____

CLEAN AND SHOW (CIRCLE IF YES)

NAME OF TENANT (PERSONS NAME) _____

CURRENT MAILING ADDRESS: _____

CITY / STATE / ZIP _____ PHONE _____

PROPERTY OWNER _____

MAILING ADDRESS: _____

CITY / STATE / ZIP _____ PHONE _____

- IS YOUR BUSINESS SUBJECT TO SALES TAX LAW? YES ____ NO ____
(if yes, provide copy of Sales Tax Certificate)
- WILL THERE BE ALCHOLIC BEVERAGE SALES? YES ____ NO ____
(if yes, provide copy of Alcoholic Beverage Permit)
- PERMITS ARE REQUIRED FOR SIGNS. WILL ANY SIGNS BE INSTALLED? YES ____ NO ____
- WILL BUSINESS GENERATE INDUSTRIAL WASTE DISCHARGE INTO SEWER SYSTEM? YES ____ NO ____
- WILL THERE BE ANY OUTSIDE STORAGE? (INCLUDING COMPANY/FLEET VEHICLES) DISPLAY, USE OR DINING? YES ____ NO ____
- WILL ANY ALTERATIONS BE MADE TO THE SITE OR BUILDING?.....YES ____ NO ____
- IS BUILDING SPRINKLERED?.....YES ____ NO ____
- WILL BUSINESS STORE OR HANDLE HAZARDOUS MATERIAL OR LIQUIDS..... YES ____ NO ____
(if yes, provide quantities & types along with MSDS sheets)

I HEREBY CERTIFY THAT THE FORGOING IS CORRECT TO THE BEST OF MY KNOWLEDGE

NAME: _____ SIGNATURE _____ DATE: _____

TEXAS SALES TAX

Texas Sales Tax is charged and collected on sales tax within the State and City of Alpine, Texas of "Taxable items". Taxable items include both tangible personal properties, specified services. If you are in business that will be selling "taxable items" within the city of Alpine, Texas you will be required to collect State and Local Sales Tax.

A seller or Retailer means a person engaged in the business of making sales of "taxable items", the receipts from which are included in the measure of sales or use tax.

The term "place of business" includes any location at which three or more orders are received by the "Seller or Retailer" in a calendar year. If an order is received at the place of business of a retailer in Texas, but delivery or shipment is made from a location within the state other than the retailer's place of business. State and local sales tax is due and allocated to the city where the order was received.

I have read the above and I understand that I will be required to provide a copy of the Sales Tax Permit to the City of Alpine, Texas if the circumstances apply to my business.

Texas Sales Tax Number: _____

Signature: _____

WHERE DO YOU WANT YOUR COMPLETED CERTIFICATE OF OCCUPANCY MAILED?

ADDRESS: _____

CITY, STATE, ZIP _____

*****FOR OFFICE USE ONLY*****

TYPE OF CONSTRUCTION _____ OCCUPANCY _____ DIVISION _____

ZONING DISTRICT _____ CONDITIONAL USE _____

PERMITTED USE _____

BUILDING DEPARTMENT _____ DATE _____

BUILDING INSPECTOR _____ DATE _____

ZONING APPROVAL _____ DATE _____

FIRE DEPARTMENT _____ DATE _____

DRAINAGE INSPECTION _____ DATE _____

PUBLIC WORKS DEPARTMENT _____ DATE _____

HEALTH DEPARTMENT _____ DATE _____

CITY SECRETARY _____ DATE _____

LANDSCAPE APPROVAL _____ DATE _____

APPROVAL FOR ISSUANCE _____ DATE _____

COMMERCIAL C/O CHECK LIST

C/O PERMIT # P 20-_____

ADDRESS: _____

BUSINESS NAME: _____

____ CHANGE NAME/ OWNER ____ NEW CONST /ADDITION PERMIT # _____

____ NEW TENANT / OCCUPANT ____ REMODEL / ALTERATION PERMIT # _____

- ____ 1. APPLICATION FORM COMPLETED
- ____ 2. ZONING MAP COPIED & WORKORDER FORM COMPLETED
- ____ 3. HAZADRDOUS MATERIAL SAFETY DATA SHEETS
- ____ 4. FRIE DEPARTMENT APPROVAL OF HAZARDOUS MATERIAL DATE: _____
- ____ 5. ZONING CHECKED AND COMPLETED ON APPLICATION
- ____ 6. BUILDING INSPECTION SCHEDULED DATE: _____ TIME: _____
- ____ 7. CITY SECRETARY (ALCOHOL) NOTIFICATION DATE: _____
- ____ 8. HEALTH INSPECTION NOTIFICATION DATE: _____
- ____ 9. PUBLIC WORKS INSPECTION NOTIFICATION DATE: _____
- ____ 10. CORRECTION LETTER SENT DATE: _____
- ____ 11. BED AND BREAKFAST
- ____ 12. TRANSIENT RENTALS
- ____ 13. C/O ISSUED * CONDITIONS TO BE TYPED ON C/O _____