



City of Stafford

2610 South Main
Office Number (281) 261-3940

Stafford, Texas 77477
Fax Number (281) 261-3939

Certificate of Occupancy Application

Permit #:

Site Address:		Subdivision:			
Applicant Name:					
Mailing Address:		Phone Number:			
Emergency Contact:		Phone Number:			
Owner Name (Individual):		Driver's License Number:			
Home Address:		Home Number:			
Cell Phone Number:		Fax Number:			
Email Address:					
Name of Business **:					
Type of Business:		Occupancy Load:			
Use of Building:	Hours of Operation:	Move in Date:			
Does your business hold any state license or registration: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy					
SEPERATE PERMITS ARE REQUIRED FOR REMODELING, ELECTRICAL, PLUMBING, HEATING, VENTILATION AND AIR CONDITIONING		Office use only:			
BY SIGNING BELOW, I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT, THE GRANTING OF A CERTIFICATE OF OCCUPANCY DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW RELATING TO CONSTRUCTION OR PERFORMANCE OF CONSTRUCTION.					
Signature:				Received By:	Approved By:
Printed Name:				Zoning Designation:	
Date:		Receipt Number			
		Certificate of Occupancy Fee:	\$ 75.00		
		Total	\$ 75.00		

** The name of the business will be printed on your Certificate of Occupancy, please ensure this information is clear and accurate.