



# City of Stafford

2610 South Main Stafford, Texas

Office Number (281) 261-3940

## Commercial Change of Occupancy

Please allow up to 72 hours for review

Site Address:	Legal Description/Subdivision/Shopping Center	
Owner of Building (Street Address, City, State & Zip)	Phone Number:	
Business Owner Name (Individual):	Phone Number:	
Business Owner Home Address:	Home Number:	
Business Mailing Address:		
Cell Phone Number:	Fax Number:	Email Address:
Emergency Contact/Phone Number:	Driver's License Number:	
<b>Name of Proposed Business:</b>	Name of Previous Business:	
<b>Describe Business in Detail:</b>		
Will the following be installed or changed for remodeling or expansion:    Structure    MEP    Other Explain:		
If construction will be conducted, have you contacted WC&ID #2 (Water District-281-499-1031)?    Yes    No		
Will any food be packaged, distributed, processed or stored onsite?    Yes    No (Circle One)		
Hours of Operation:	Number of Employees:	Occupancy Load:
Existing Square Feet of Space:	Proposed Square Feet of Space:	Move in Date:
Does your business hold any state license or registration:    Yes    No    If yes, please provide a copy		
<b>Fire Safety Permit Required?</b>	Yes    No	<b>Building Official Inspection Date:</b>
<b><i>*Please be aware additional fees may be required before your Fire Inspection can be conducted.</i></b>		
<p>SEPARATE PERMITS ARE REQUIRED FOR CONSTRUCTION, ELECTRICAL, PLUMBING, HEATING, VENTILATION AND AIR CONDITIONING.</p> <p>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.</p> <p>I AM AWARE THAT I MUST APPLY FOR AND RECEIVE A SIGN PERMIT BEFORE I ERECT ANY SIGN IN THE CITY OF STAFFORD.</p> <p><b>**ALL PAYMENTS ARE NON-REFUNDABLE**</b></p>	<b>Office use only:</b>	
Printed Name:	<b>Permit #:</b>	
Signature:	State License Number:	
Title:	Zoning Designation:	
Date:	Zoning: Use, Parking, Landscaping <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date:
	<b>Certificate of Occupancy Fee:</b>	<b>\$ 100.00</b>
	<b>Fire Safety Permit:</b>	<b>\$ 75.00</b>
	<b>Total Amount:</b>	

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