



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
This application will be REJECTED if not completed to its ENTIRETY.

Business Site Address:		Business Name: (include DBA):	
Business Owner Name (individual):		Permit #:	Lease Term:
Business Phone #:	Fax #:	Business Email Address:	
Business Owner Address:			
Primary Phone #:	Alternate Phone #:	Email Address:	
Hours of Operation:		Number of Employees:	
Occupancy Type per IFC:	Construction Type per IFC:	Occupancy Load:	
Building Height/ # of Stories:	Total Building Square Footage:	Business Suite Square Footage:	
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 on-site? Yes No (Circle One)			
Does your business hold any state license or registration: Yes No If yes, please provide a copy			
Sales Tax License:			

Building Official Inspection Date:

***Please be aware additional fees may be required before your Fire Inspection can be conducted.** Initials:

SEPARATE PERMITS ARE REQUIRED FOR CONSTRUCTION, ELECTRICAL, PLUMBING, HEATING, VENTILATION AND AIR CONDITIONING. 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. I AM AWARE THAT I MUST APPLY FOR AND RECEIVE A SIGN PERMIT BEFORE I ERECT ANY SIGN IN THE CITY OF STAFFORD. *IF THERE IS ANY CHANGE/ALTERATION TO THE APPROVED APPLICATION, BUILDING LAYOUT/USE AND PLANS. YOU ARE RESPONSIBLE FOR NOTIFYING AND RESUBMITTING TO THE CITY OF STAFFORD. **ALL PAYMENTS ARE NON-REFUNDABLE**	Office use only:	
	Permit #:	
Printed Name:	State License Number:	
Signature:	Zoning Designation:	
Title:	Zoning Designation Fee:	\$ 50.00 <input type="checkbox"/> _____
Date:	**Refer to page 2 for Fire Marshal's Office Fees**	
	Zoning: Use, Parking, Landscaping <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date:
	Certificate of Occupancy Fee:	\$ 100.00
	Fire Safety Permit:	\$ 75.00
	Total Amount:	

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



STAFFORD FIRE MARSHAL'S OFFICE

10210 Mula Road
Office Number (281) 403-5951

Stafford, TX 77477
Fax Number (832) 351-3428

NEW OCCUPANCY GENERAL PLAN REVIEW – APPLICATION

The New Occupancy General Plan Review application and plans are required per the adopted International Fire Code, 2015 Edition, Section 105 Permits, Subsection 105.2 Application. This application will be **REJECTED** if not completed to its ENTIRETY.

In your own words, what will you be doing specifically in your business at this location?		
Is this a Daycare (Child or Adult)?	YES	NO
Is this a Restaurant?	YES	NO
Will you perform vehicle repairs of any type? (Auto body, Boat or Vehicle)	YES	NO
Will you have any flammable liquids? <i>If yes, what type and quantity:</i>	YES	NO
Will you have any compressed gas cylinders? <i>If yes, what type of gas, cylinder size, & quantity:</i>	YES	NO
Will you be providing healthcare of any type? <i>If yes, what type:</i>	YES	NO
Is this a lumberyard/roofing supply or have any outside storage? <i>If yes, what type:</i>	YES	NO
Is this a dry cleaner? <i>If yes, do you clean on site?</i>	YES	NO
Does your business have a soda fountain dispensing system? <i>If yes, what size:</i>	YES	NO
Will you be handling any hazardous materials? <i>If yes, explain in detail:</i>	YES	NO
Will this space be used for storage of any type? <i>If yes, what type:</i>	YES	NO
Will any of your stock be stored in combustibile containers of any type?	YES	NO

Does the building have a fire protection system currently installed?	YES	NO
Fire Sprinkler System?	YES	NO
Fire Alarm Monitoring System?	YES	NO
Is your alarm system registered with the City of Stafford?	YES	NO
Paint Spray Booths?	YES	NO
Fire Extinguishers?	YES	NO
Other suppression systems?	YES	NO
Do all fire protection systems have a current inspection?	YES	NO
Have all inspections been uploaded into BuildingReports.com?	YES	NO
Fire Lanes with fire striping clearly indicated?	YES	NO
Does the building have a Knox box installed?	YES	NO
Do you plan to add, remove, or change any walls to the existing building? <i>If yes, explain in detail:</i>		

FEES:		*SEPARATE PERMITS ARE REQUIRED FOR CONSTRUCTION, ELECTRICAL, PLUMBING, HEATING, VENTILATION AND AIR CONDITIONING.
Administrative Fee	\$50.00	
General Plan Set Review	\$200.00	
TOTAL DUE:		*BY SIGNING THIS FORM, 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. *I AM AWARE THAT I MUST APPLY & RECEIVE A SIGN PERMIT BEFORE I ERECT ANY SIGN IN THE CITY OF STAFFORD. *IF THERE IS ANY CHANGE/ALTERATION TO THE APPROVED APPLICATION, BUILDING LAYOUT/USE AND PLANS. YOU ARE RESPONSIBLE FOR NOTIFYING AND RESUBMITTING TO THE CITY OF STAFFORD. **ALL PAYMENTS ARE NON-REFUNDABLE**
Printed Name:		
Signature:		
Date:		

FOR OFFICE USE ONLY: ACCT #: 10-4208		
PAYMENT RECEIPT #:	DATE:	PROCESSED BY:
FMO RECEIVED PLANS ON:	FMO RETURNED PLANS ON:	
REJECTED BY:	DATE:	REFER TO LETTER OF REJECTION
APPROVED BY:	DATE:	REFER TO LETTER OF APPROVAL