

City of Tyler  
Building Services  
423 W. Ferguson St.  
Tyler, Texas 75702



Phone: (903) 531-1151  
permittechs@tylertexas.com  
www.tylerbuildingservices.com

City of Tyler

Application for Certificate of Occupancy or Clean & Show

Certificate # \_\_\_\_\_

Name of Business: \_\_\_\_\_

Name of Business Owner: \_\_\_\_\_ Phone # \_\_\_\_\_

Building Address: \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip \_\_\_\_\_

Building Owner: \_\_\_\_\_ Phone # \_\_\_\_\_

Building Owner's Address: \_\_\_\_\_ Zip \_\_\_\_\_

What will the occupied space be used for? (Please be specific) \_\_\_\_\_

What is the Zoning classification? \_\_\_\_\_

Total occupied area (Sq. Ft.) \_\_\_\_\_ Fire Sprinklers ( ) Yes ( ) No

Please check any of the following that are applicable to your business.

- |  |  |
|--|--|
| <input type="checkbox"/> Food Products   | <input type="checkbox"/> Flammable or Combustible Liquids<br>(10 Gallons or more ONLY) |
| <input type="checkbox"/> Day Care  | <input type="checkbox"/> Outdoor Storage or Display                                    |
| <input type="checkbox"/> Explosives/Ammunition   | <input type="checkbox"/> Semi-Conductor  |
| <input type="checkbox"/> Health Hazards  | <input type="checkbox"/> Compressed Gases (LPG, Etc.)                                  |
| <input type="checkbox"/> Spray Painting  | <input type="checkbox"/> Dust Producing Equipment                                      |
| <input type="checkbox"/> Welding or Open Flame   | <input type="checkbox"/> Fireworks   |
| <input type="checkbox"/> Outdoor Vehicle Service   | <input type="checkbox"/> Reclaiming Waste Materials                                    |
| <input type="checkbox"/> Poisonous or Hazardous Chemicals/Acids                            |  |
| <input type="checkbox"/> Any storage over 12 ft. high inside building? Total sq. ft. _____ |  |
| <input type="checkbox"/> Any storage over 15 ft. high inside building? Total sq. ft. _____ |  |

Notice to Applicant: Any Certificate of Occupancy issued on the basis of incorrect information supplied on this application may be revoked. Signature of occupant or occupant's agent constitutes approval for City employees to enter the property for necessary inspections.

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Date: \_\_\_\_\_

Is this a previously occupied structure? ( ) Yes ( ) No

Is this a change in occupancy? ( ) Yes ( ) No

If Yes, what was the previous use of this building? \_\_\_\_\_

**Office Use Only:**

Building Permit #: \_\_\_\_\_ Type Construction: \_\_\_\_\_

Occupancy Type: \_\_\_\_\_ Occupant Load: \_\_\_\_\_

**ZONING CLASSIFICATION AND LANDSCAPING**

Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ Zoning Classification: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**Final Landscaping Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**FIRE PREVENTION INSPECTION (if applicable) (903) 535-0007.**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**NORTHEAST TEXAS PUBLIC HEALTH DISTRICT (if applicable) (903) 535-0030**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**BUILDING SERVICES DEPARTMENT (903) 531-1151**

Issued/Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_