

## City of Fort Worth Development Services Department Certificate of Occupancy Application

Project Address:	Bldg/Suite/Unit#:
Legal Description: Addition	Block Lot
(Apartments require a list of all addresse	s, number of units in each building, site plan, floor plan drawn
scale of any non-residential spaces, and p	re-code inspections.)
Name of Business:	
Proposed Business Use:	Previous Business Use:
Electricity Release: (Y/N)	
Previous Certificate of Occupancy # (if k	nown):
Zoning of Property: Legal Non-	Conforming (LNC#):
Annexation: (Y/N) (If <u>yes</u> , copy of Anne	exation letter is required)
Mobile Vendor: ( Y / N ) License Plate Nu	mber For Mobile Vendor:
Site Contact Name:	
Phone Number:	*E-Mail Address:
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* Please fill out the information below if	a Change of Use Required:
<b>Change of Use with Remodel:</b> Yes I	No.
•	Labor:
	echanical/Electrical/Plumbing:
	or more ):
	on #:
Phone Number:	*E-Mail Address:
Plans Exam Contact Name:	
Phone Number:	*E-Mail Address:
Annligant Name (Drinted).	
Phone Number:	*F Mail Address:
	*E-Mail Address:
	Date: