



# Development Services

## Procedure to obtain a Certificate of Occupancy

*Any building used or occupied in Fort Worth must have a Certificate of Occupancy. The Fort Worth Administrative Building Code states that no building or structure shall be used or occupied, and no change in the existing occupancy classification of a building or structure or portion thereof shall be made, until the building official has issued a certificate of occupancy.*

To obtain a Certificate of Occupancy you may apply in person at:

City Hall  
100 Fort Worth Trail  
Fort Worth, Texas 76102

Or; You may apply online at: <https://aca-prod.accela.com/CFW> by applying for an *Occupancy Existing Ordinance* permit located under the **Building Permits** tab.

Feel free to follow along with this video to apply for your Certificate of Occupancy online:  
<https://www.youtube.com/watch?v=Wx5fIVr6LCQ&feature=youtu.be>

The following information will be required at the time of application:

- Previous Use
- Proposed Use
- Owner of Property
- Tenant/Business name

This information will be gathered by completing the forms found in this packet:

- Occupancy Permit Application
- Use Verification Form
- Use Verification Letter (Business Letter)

Businesses that involve a restaurant, bar, or establishments serving food or ice are required to be reviewed by the Water Grease Trap, Water Backflow and Health Departments prior to a Certificate of Occupancy can be issued.

Businesses that involve High Hazardous or Institutional uses, Automotive Use or Personal Grooming (Hair and/or Nail Salon) will require Building, Electrical, Plumbing and Mechanical Ordinance inspections prior to being granted the Certificate of Occupancy.

Businesses that receive 51% or more of its gross sales from tobacco or tobacco related products will require additional review from the Zoning Department.

If the proposed business is a **different type of business** than what **currently operates the space**, then a Change of Use Permit is needed to legally operate the business within the City of Fort Worth.



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## Certificate of Occupancy Application

**Project Address:** \_\_\_\_\_ **Building/Suite/Unit:** \_\_\_\_\_

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

**Proposed Business Use:** \_\_\_\_\_ **Previous Business Use:** \_\_\_\_\_

**Electrical Release? :** ( Y / N )

**Zoning of Property:** \_\_\_\_\_ **Legal Non-Conforming (LNC#):** \_\_\_\_\_

**Annexation:** ( Y / N ) (If yes, copy of Annexation letter is required)

**Mobile Vendor:** ( Y / N ) **License Plate Number:** \_\_\_\_\_

**Site Contact Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

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**Please fill out the information below if a Change of Use Required:**

### **Change of Use with Remodel:**

Yes \_\_\_\_\_ (If yes, complete the items below)

No \_\_\_\_\_ (If no, skip to Applicant Name & Signature)

Total Cost of Construction with Materials & Labor: \_\_\_\_\_

Total Cost of Construction not including Mechanical/Electrical/Plumbing: \_\_\_\_\_

TABS# (if Cost of Construction is \$50,000 or more ): \_\_\_\_\_

**City of Fort Worth Contractor Registration #:** \_\_\_\_\_

**Contractor's Business Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Plans Exam Contact Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# Development Services

## Use Verification Form

The following items and quantities thereof are required for submittal with applications for Building Permit, Certificates of Occupancy and Change of Use permits. All such information shall be complete for the above-mentioned permit applications to be accepted for processing.

➤ Check All That Apply:

- ☐ **There will be alcohol sales**
- ☐ **There will be sales of tobacco, smoking, e-cigarettes or related products (a store that derives 51% or more of its gross annual sales from the sale of tobacco, cigarettes, smoking and electronic smoking devices, or related products and accessories and does not sell alcoholic beverages for onsite consumption. Retail smoke shops shall be prohibited within 500 feet of schools, universities and hospitals).**
- ☐ **There will be outside sales and/or storage**
- ☐ **This is a Sexually Oriented Business** - If yes, describe Sexually Oriented Business Proposed Use:  
*\*Sexually Oriented Businesses include but are not limited to Adult Arcades, Adult Bookstores, Adult Video stores, Adult Cabarets, Adult Motels, Adult Motion Picture Theaters, Escort Agencies, Adult Modeling Studios, and Sexual Encounter Centers.*
- ☐ **There will be auto-related uses including auto sales, auto repair, sales and/or installation of parts or accessories, carwashes, and/or auto detailing.**
- ☐ **There will be riveting**
- ☐ **There will be a landfill, recycling center, household hazardous waste or waste tire facility.**  
*\*Facilities handling, processing, and loading of municipal solid waste and recyclable material for transportation at transfer stations; storage, processing, bailing or reclamation of paper, glass, wood, metals, plastics, rags, junk, concrete, asphalt, and other materials, at material recovery facilities and recycling centers; disposal, dumping, or reducing of offal or dead animals; composting for yard and wood wastes, municipal solid waste, and/or sludge at composting facilities; collection and storage of Scrap tires, at waste tire facilities, are subject to providing detail as to Storage/Warehouse and/or Manufacturing Use(s) below:*
- ☐ **There will be a Storage/Warehouse use** - If yes, provide a detailed list of items or chemicals that will be stored. Additional information can be provided in the Use Verification Business Letter attached below :  
  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ **There will be Manufacturing** - If yes, provide information on the manufacturing process, list the items being manufactured and horsepower of machinery being used below. Additional information can be provided in the Use Verification Business Letter attached below.  
  
\_\_\_\_\_  
\_\_\_\_\_

If stamping, dyeing, sheering and/or punching metal, provide the thickness of metal:

\_\_\_\_\_

**Applicant Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Company Represented:** \_\_\_\_\_



# Development Services

## Verification Business Letter

The information requested below, and quantities thereof are required for submitting applications for Building Permit, Certificates of Occupancy and Change of Use permits. All such information shall be complete for the above-mentioned permit applications to be accepted for processing.

**Business Name:** \_\_\_\_\_

**Type of Use(s):**

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**Additional Manufacturing/ Storage or Warehousing Information:**

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**Number of Employees:** \_\_\_\_\_

**Hours of Operation:** \_\_\_\_\_ to \_\_\_\_\_

**Applicant Name (Print):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_