City of Irving

Application for: (Please circle one)
■ Certificate of Occupancy ■ Certificate of Use ■ Letter of Compliance

Business address to be inspected _____
Street # Street Name Suite #

Name of business (dba) _____

Name of business owner _____ Address _____

City _____ State _____ Zip _____ Phone _____

No. of employees incl self _____ No. of restrooms _____

Square feet of occupied building or space _____

What is the sq ft of the largest meeting/conf room _____

If church/religious or restaurant, no. of seats provided _____

No. of parking spaces provided_____

Any proposed construction? Yes Bldg sprinklered? Yes

Will there be a burglar alarm? Yes * If yes, alarm permit req'd.

Yes	*No*	
___	___	Alcohol sales
___	___	Outside storage or display
___	___	Sexually-oriented business
___	___	Food sales, storage, or processing
___	___	Flammable, combustible, hazardous mat'ls
___	___	Water in mfg or use of 1 million gals/mo
___	___	Floor drains with storage of chemicals
___	___	Woodworking
___	___	Upholstered furniture and/or mattress sales
___	___	Non-Depository financial institution
___	___	Existing single tenant monument sign
___	___	Swimming Pool/Spa
___	___	Massage Therapy (state licensed) or Reflexology (hands/feet only)

How is the space to be used? (office, retail, storage, whse, etc.)

_____

Property owner _____ Address _____

City _____ State _____ Zip _____ Phone _____

*It is hereby testified to that no physical change is to be made in the building or in the use of the building or premises which is inconsistent with this Certificate of Occupancy. *Burglar alarm permits must be applied for (in Customer Service—1st floor) to avoid additional fees.*

Print applicant's name _____Signature _____

Email _____Phone _____

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Zoning _____Occ. _____Permit? _____ Fee $_____ Const Type _____ Code _____ IBC

Rec'd by _____ Date _____ Inspection: Date _____ Day: M T W TH F AM PM

Bldg/BEMP_____Elec_____Mech_____Plbg_____Fire_____Zoning_____

Housing/MF_____ Health (Food, Pool, Daycare, Nursing Home) _____ Prkg spaces req'd _____

C/O comments _____

TABC or RAB? Yes No Zoning Case _____

Occ load card req'd? _____ Rm? _____ Max. # of seats _____ Max. # occ _____

Occ load card req'd? _____ Rm? _____ Max. # of seats _____ Max. # occ _____

C/O issue date _____

Inspections Department
825 W Irving Blvd · Irving, Texas 75060 · 972-721-2371 · web: www.cityofirving.org · email: irving-permits@cityofirving.org
Inspection and Payment Request line 972-721-3774