



**CITY OF DECATUR, TEXAS**

1601 S. State Street Decatur, TX 76234  
Phone 940-393-0250 Inspections Line 940-393-0259 \* email: [development@decaturtx.org](mailto:development@decaturtx.org)

<b>Certificate of Occupancy Application</b>	
Permit #:	_____
Permit Fee: \$	_____
Review Fee: \$	_____
Received By:	_____

**SUBMIT A PDF OF DIMENSIONED FLOOR PLAN WITH ALL ROOM SIZES – CLEARLY MARKING EXITS AND A SITE PLAN OF THE PROPERTY OVERLAID ON RECORDED PLAT (C-1A Zoned Properties Only Excluded from Site Plan On Plat)**  
**THIS APPLICATION IS TO ALLOW OCCUPANCY TO A SPECIFIED SPACE IN ORDER TO CONDUCT BUSINESS.**  
**ANY ALTERATIONS WILL REQUIRE A SEPARATE PERMIT TO BE SUBMITTED IN CONJUNCTION WITH THIS APPLICATION**  
**\*\* A CO TO SHOW IS STRICTLY FOR THE RELEASE OF UTILITIES NOT INTENDED FOR OCCUPANCY**  
**INCOMPLETE APPLICATION AND/OR SUBMITTAL WILL DELAY THE REVIEW PROCESS.**

<b>REASON FOR CERTIFICATE OF OCCUPANCY:</b>		
<input type="checkbox"/> New Business	<input type="checkbox"/> New Business Owner	<input type="checkbox"/> To be done at Final Inspection
<input type="checkbox"/> Business Name Change	<input type="checkbox"/> Temporary/Seasonal	<input type="checkbox"/> CO To Show * (Permitted over the counter NO PLANS REQUIRED)

<b>BUSINESS INFORMATION:</b>	ES ID #: _____ (given to you by your energy provider)
Sales Tax ID: _____	Business Phone #: _____
Business Address: _____	Suite #: _____
<i>Name of Business as it is to appear on CO:</i> _____	
Type of Business: _____	Nature of Business: _____
Total Sq. Ft.: _____	Dining Sq. Ft. (if applicable): _____ # of Parking Spaces Provided: _____
Flood Zone: _____	Zoning: _____ Construction Type: _____ # of Stories: _____

<b>GENERAL INFORMATION</b>			
<b>FOOD ESTABLISHMENT:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>FIRE SPRINKLERS:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>ALCOHOL SALES:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does your occupancy or business involve storage, sale, or use of the following items?</b>			
Flammable or combustible liquids (10 gal. or more)	<input type="checkbox"/> yes <input type="checkbox"/> no	High piled storage of combustible items	<input type="checkbox"/> yes <input type="checkbox"/> no
Dust producing equipment or materials	<input type="checkbox"/> yes <input type="checkbox"/> no	Compressed gases	<input type="checkbox"/> yes <input type="checkbox"/> no
Explosives or ammunition	<input type="checkbox"/> yes <input type="checkbox"/> no	Fireworks	<input type="checkbox"/> yes <input type="checkbox"/> no
Magnesium	<input type="checkbox"/> yes <input type="checkbox"/> no	Paint/flammable material	<input type="checkbox"/> yes <input type="checkbox"/> no
Poisonous or hazardous chemicals or acids	<input type="checkbox"/> yes <input type="checkbox"/> no	Liquid Petroleum gas	<input type="checkbox"/> yes <input type="checkbox"/> no

<b>APPLICANT INFORMATION</b>	<input type="checkbox"/> Applicant	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Business Owner	<input type="checkbox"/> Other:
Applicant Name: _____	Phone Number: _____			
Address: _____	Email Address: _____			
City: _____	State: _____	Zip: _____	Cell Phone #: _____	

<b>TENANT / BUSINESS OWNER INFORMATION:</b>			
Tenant / Business Owner Name: _____	Phone #: _____		
Address: _____	Email Address: _____		
City: _____	State: _____	Zip: _____	Cell Phone # _____

<b>PROPERTY OWNER INFORMATION:</b>			
Property Owner Name: _____	Phone #: _____		
Address: _____	Email Address: _____		
City: _____	State: _____	Zip: _____	Cell Phone # _____

Applicant's Name (Please Print)

Applicant's Signature

Date



## CERTIFICATE OF OCCUPANCY GUIDELINES

### Decatur Fire Department Requirements for Certificate of Occupancy Inspection

**ALL FIRE INSPECTION REQUESTS MUST BE MADE THROUGH  
FIRE ADMINISTRATION 48 HOURS IN ADVANCE**

**CALL 940-627-3199 MONDAY – FRIDAY, 8:00am – 5:00pm**

1. Fire Extinguishers (2A: 10B: C minimum size) shall be provided with a maximum 75-foot travel distance to an extinguisher from any point in the space and kept accessible. Extinguisher locations shall be identified with signs.
2. Address shall be posted in a position to be plainly visible from the fronting street in minimum six-inch (6") numbers on contrasting background. Address shall also be posted on outside of rear door(s) and on electrical meter bases and AC unit disconnects.
3. Provide a key to the suite/building to be put in the Knox box (if one is already installed on the building) for emergency access. If not installed, one must be. Go to [www.knoxbox.com](http://www.knoxbox.com) for ordering , minimum 3200 series.
4. Exit lights are required to clearly indicate the direction of egress travel in accordance with the International Building Code.
5. Emergency lighting is required to illuminate the means of egress at an intensity of not less than one foot-candle at the floor level.
6. There can be no locking or latching devices on doors with panic hardware.
7. Electrical panels shall be completely labeled with breaker schedules.
8. Fire Lanes & Striping must be clearly marked or installed if required.
9. Fire Prevention CO Inspections are conducted when a business is ready to **OPEN**. The provided items are only a small portion of item's inspected but are the most common.