



### Certificate of Occupancy Application

613 SE Parkway \* Azle, Texas 76020  
817-444-7084 \* Fax 817-444-6994

Date:
Insp. Date

<input type="checkbox"/> Temp Power to Show	<input type="checkbox"/> Address Change	<input type="checkbox"/> Owner change	<input type="checkbox"/> Name Change
<input type="checkbox"/> New business	<input type="checkbox"/> New Use	<input type="checkbox"/> Change in Use	
Site Address:		Business Name:	
Primary Use:		Sales Tax #	
Sale of Alcohol: <input type="checkbox"/> Yes <input type="checkbox"/> No	Knox Box Application Received Yes <input type="checkbox"/> No <input type="checkbox"/>		
Sale of Food <input type="checkbox"/> Yes <input type="checkbox"/> No	Health Dept Approval <input type="checkbox"/> Yes <input type="checkbox"/> No		
Total Building Sq. Ft.			
<b>Contact or Applicant:</b>			Phone:
Address:	City:	State:	Zip:
E-mail:			
Applicant Signature:			
<b>Property Owner:</b>		<b>Owner's Phone:</b>	
Address:	City:	State:	Zip:
<b>Fire Prevention Information:</b>			
<b>Does your business involve any storage, sale or use of the following?</b>			
Flammable/Combustible liquids (10 gal or more)	Yes [ ] No [ ]	Fireworks	Yes [ ] No [ ]
On-site consumption of alcoholic beverages	Yes [ ] No [ ]	Magnesium	Yes [ ] No [ ]
Storage (higher than 12') of combustible items	Yes [ ] No [ ]	Paint/flammable material	Yes [ ] No [ ]
Dust producing equipment or materials	Yes [ ] No [ ]	Poisonous or hazardous chemicals or acids	Yes [ ] No [ ]
Compressed gases	Yes [ ] No [ ]	LP gas	Yes [ ] No [ ]
Explosives or ammunition	Yes [ ] No [ ]		
<b>To Be Completed by City Staff:</b>			
Zoning District:	Required Parking:	Fire Lane Yes [ ] No [ ]	Fire Extinguishers:
Existing Pavement Type: Concrete [ ] Asphalt [ ] Other [ ]			
Occupancy Type:	Occupany Load:	Construction Type:	NFPA 13 System Yes [ ] No [ ]
Building Inspected by:	Approved [ ] Disapproved [ ]	Pending Corrections [ ]	Date:
Fire Marshal:	Approved [ ] Disapproved [ ]	Pending Corrections [ ]	Date:
Permit Fee \$ 65.00	Receipt #	Received by:	



**Azle Police Department 613 SE Parkway, Azle, Tx. 76020 (817) 444-3221**

Dear Azle Business Owner/Operator:

Please assist our department by completing the following information. All information is confidential.

Please return this form via fax to: Azle Police Department (817) 444-7088. If returning by mail send to: Azle Police Department, ATTN: Communications-Business Listing, 613 S.E. Parkway, Azle, TX 76020.

NAME OF BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ BUSINESS FAX \_\_\_\_\_

BUSINESS HOURS \_\_\_\_\_

BUSINESS OWNER \_\_\_\_\_

BUILDING OWNER \_\_\_\_\_ PHONE \_\_\_\_\_

ALARM? YES/NO ALARM CO NAME \_\_\_\_\_ PHONE \_\_\_\_\_

CLEANING CO? YES/NO CLEANING CO NAME \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

NAME \_\_\_\_\_ HOME \_\_\_\_\_ CELL \_\_\_\_\_

NAME \_\_\_\_\_ HOME \_\_\_\_\_ CELL \_\_\_\_\_

NAME \_\_\_\_\_ HOME \_\_\_\_\_ CELL \_\_\_\_\_

OTHER IMPORTANT INFORMATION, IF ANY: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Person responsible for filing out paper

Department Use

DATE RECEIVED \_\_\_\_\_ DATE ENTERED CAD \_\_\_\_\_