



\$75.00 Payable to the City of Rockwall upon notice of approved C.O.

Building Inspections Dept: (972) 771-7709

Inspection Request: (972) 771-7760

Fire Department: (972) 771-7770

Health Inspector: (214) 202-1202

Application for Certificate of Occupancy

Date: _____

C.O. No: _____

This Application must be completed in full, signed and dated prior to being processed.

Name of Business: _____ Telephone: _____

Address of Business: _____

Business Owner Name: _____ Telephone: _____

Email: _____ Cell: _____

Business Owner's Address: _____
Street /PO Box City State Zip

Property Owner Name: _____ Telephone: _____

Property Owner's Address: _____
Street /PO Box City State Zip

Proposed use: _____ **Total Square Footage:** _____
(Restaurant, Retail, Office, Warehouse, Etc.) Office Square Footage: _____

Previous use: _____ Retail Area Square Footage: _____

Will your business have a trash dumpster? _____ Storage or Warehouse Square Footage: _____

Any proposed manufacturing to be conducted? Yes No If yes, explain: _____

Are there adjoining businesses? Yes No If yes, what type: _____

Is the building equipped with an automatic sprinkler system? Yes No

Any storage of materials? Yes No If yes, what type: _____

Will there be any outside storage or display? Yes No If yes, explain: _____

of employees: _____ Projected opening date: _____

Restaurants: Will alcohol be served? Yes No
If yes, you must provide us with a copy of your TABC license before a C.O. will be issued.

Circle all applicable: New Tenant in Existing Building Same Owner, New Business Name
Expanding Lease Space Shell Building (No Occupancy)
Same Business Name, New Owner New Interior

Printed name: _____

Signature: _____ Date: _____

Signing this application does not authorize occupancy of the space and/or structure. It is unlawful to use, occupy, or permit the use or occupancy of a building until a C.O. is issued.