

**CITY OF CLEBURNE**  
**APPLICATION FOR**  
**CERTIFICATE OF OCCUPANCY**

Date of Application: \_\_\_\_\_ Fee: \$57.50 Date Paid \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone #: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Owner: \_\_\_\_\_  
 (Name) (Address) (Phone)

Manager: \_\_\_\_\_  
 (Name) (Address) (Phone)

Proposed Use of Building: \_\_\_\_\_

The entire building must be in full compliance of all City Codes before the C/O is issued. I agree that no change is to be made in any building, or in the use of the building or premises which is inconsistent with this Certificate of Occupancy. **Please contact the following Inspectors to request an inspection time for your building. When all signatures are received, this yellow form must be returned to the Building Inspection Dept. in order to obtain your Certificate of Occupancy (C/O).**

**I understand that NO OCCUPANCY WILL BE ALLOWED PRIOR TO ISSUANCE OF THE C/O.**

Applicant's \_\_\_\_\_ Signature: \_\_\_\_\_  
 Name Printed

*The above described building having been duly inspected and found to comply with all provisions of the Water, Sanitation, Zoning, Building, Fire and Health Ordinances is hereby released for occupancy.*

Officials: \_\_\_\_\_ Date of Inspection \_\_\_\_\_

Water Utilities - (Apply in person at Water Dept., 418 W Henderson) \_\_\_\_\_

Sanitation (Apply in person at Water Dept., 418 W Henderson please contact Rodney Collins 817-641-2236 for signature) \_\_\_\_\_

Health Inspector (817)645-0958 \_\_\_\_\_ Permit Required \_\_\_\_\_

P&Z Coordinator (817)645-0943 \_\_\_\_\_ Zoning \_\_\_\_\_ Platted \_\_\_\_\_  
 \_\_\_ Yes or \_\_\_ No

Engineering (817)645-0931 \_\_\_\_\_ City Engineer \_\_\_\_\_ Acres: \_\_\_\_\_

Fire Marshal (817)556-8821 or 645-0968 \_\_\_\_\_ Environmental Coordinator \_\_\_\_\_

Building Inspector (817) 556-8810 \_\_\_\_\_ Electrical Release \_\_\_\_\_