



## Certificate of Occupancy Application

Certificates of Occupancy are given careful consideration before inspection scheduling is authorized as the issuance of a Certificate of Occupancy evidences that a facility is in compliance with local laws. City Staff, plan reviewers, engineers and inspectors work diligently to move through the process and get businesses operational.

### First, a few questions

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- What sort of business are you planning to open? *(This will help us determine the “use”)*
- Is your prospective business location in a Commercial zoning classification? *(Let us help you determine this)*
- Is your prospective business allowed by right in the zoning classification? *(A Specific Use Permit (SUP) may be required or we can help you in requesting a change in the location’s zoning classification. In rare cases an amendment to the Zoning Ordinance may be necessary to assess your use)*
- Are you going to be doing any interior or exterior work at the location to ready for opening?
- Adding or changing a sign?
- Would you be interested in a Pre-Application meeting with planning staff, engineers and inspectors to go over everything that may need to be addressed prior to opening your business?

If so, please provide the following information:

Name: \_\_\_\_\_

Business location: \_\_\_\_\_

Use: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_



## The Process

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1. Applicant submits a Certificate of Occupancy Application and pays the fee as per the City's fee schedule.
2. Application is reviewed by staff to define the most appropriate use as per the applicants described intended use and the use schedule prescribed by the Zoning Ordinance and Zoning Classification.
3. Application is submitted to City Engineers and Bureau Veritas for scheduling of inspections.
4. Bureau Veritas building and fire inspection(s) will take place.
5. During this time City Engineers may be in contact with the applicant to discuss any site improvements necessary to meet zoning standards.
6. Once approved by both Bureau Veritas and City Engineers and all inspections and approval reports are returned to City Hall staff, a Certificate of Occupancy will be produced.
7. Any additional fees assessed as per the City's fee schedule must be paid. (*Fees may be based on an hourly inspection rate. If any additional time is required for inspections added fees may be assessed.*)
8. Certificate of Occupancy is issued.

## Additional Information

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The City of Van Alstyne is currently operating under the 2015 International Codes with the North Central Texas Council of Governments (NCTCOG) regional amendments as well as requirements of the local jurisdiction. In the Certificate of Occupancy Application packet, you will find the application form, an annual fire registration form, an inspection information form (not an exhaustive list as each project is different), a backflow registration form (may not be required for all businesses) and a Van Alstyne Police Department Emergency Contact form. The Emergency Contact form is used to contact the business owner/operator after hours when an emergency arises. The information provided is forwarded to the Police Department and ONLY used in case of an emergency.

The City of Van Alstyne provides water and wastewater services and contracts with a solid waste provider. All businesses in the city are required to subscribe to solid waste services with the contract service provider.



Acknowledgements

All permits are void if work or building/construction authorized is not commenced within 90 days, or if construction or work is suspended or abandoned for a period of 90 days at any time after work is commenced. All permits require final inspection. A Certificate of Occupancy must be issued and on site before any building or occupancy thereof is occupied.

I hereby certify that I have read and examined this complete application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Welcome and we look forward to working with you!**



## Certificate of Occupancy Application

<b>Project Information</b>	<b>Permit #</b> _____
Name/Description: _____	
Project Address: _____	
Sq. Ft.	_____
Lot: _____	Block: _____
Subdivision: _____	
<b>INTENDED USE OF SPACE:</b> _____	

<b>Owner Information</b>		
Company Name: _____	Contact Person: _____	
Street Address: _____		
Phone Number: _____	Fax Number: _____	Mobile Number: _____
Email Address: _____		

<b>Tenant Information</b>		
Company Name: _____	Contact Person: _____	
Street Address: _____		
Phone Number: _____	Fax Number: _____	Mobile Number: _____
E-mail Address: _____		

A permit becomes null and void if work or construction authorized is not commenced within 90 days, or if construction or work is suspended or abandoned for a period of 90 days at any time after work is commenced.

### *All permits require final inspection.*

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

<b>Approved By:</b> _____	<b>Date Approved:</b> _____
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Total Occupancy for Building: \_\_\_\_\_  
 Zoning District: \_\_\_\_\_

Receipt #: \_\_\_\_\_  
 Issued By: \_\_\_\_\_  
 Issued Date: \_\_\_\_\_  
 BV Project #: \_\_\_\_\_

152 N. Main Dr.  
PO Box 247  
Van Alstyne, TX 75495

Phone|903.482.5426  
Fax| 903.482.5122



## FIRE AND LIFE SAFETY INSPECTION REGISTRATION

Inspections will not be performed until the completed application and payment to City Hall.

Annual Fee: \$ \_\_\_\_\_

Please check one of the following:

- New Facility/ First Inspection
- New Occupant/CO Inspection
- Inspection Annual Inspection

**Please Print**

Address: \_\_\_\_\_

Business/Facility Name: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

Electric Provider: \_\_\_\_\_

Water Utility Provider: \_\_\_\_\_

Gas Provider: \_\_\_\_\_  Public Provider  Propane

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY:**

Approved By:		Date Approved:	
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Total Occupancy for Building: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Total Submitted: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Received By: \_\_\_\_\_



## Certificate of Occupancy Inspection Information

**NOTE:** A **BUILDING PERMIT** is required for any **alteration or construction work**.

To receive an inspection for “Certificate of Occupancy”, it is important that the following instructions are followed:

1. Complete Certificate of Occupancy application.
2. Return application to the City and pay fees.
3. Post your approved permit application (Tape to door or window).
4. Request a Certificate of Occupancy inspection from Bureau Veritas. Inspections received by 5:00 p.m. Monday – Friday will be performed the next business day.  
Phone: (817) 335-8111 / toll free (877) 837-8775  
Fax: (817) 335-8110 / toll free (877) 837-8859
5. Have space or building open from the hours of 8:00 a.m. – 5:00 p.m.

The Certificate of Occupancy inspection is an inspection for life/safety items and general maintenance. Some common items noted during inspection are listed below. This list is not intended to be an all-inclusive list.

1. Doors to the exterior should not have double key locks, slide bolts, or other locking devices other than a thumb turn lock or bolt.
2. When required, illuminated exit signs must be in good working order.
3. Address and suite # must be posted on the building in 6” minimum numbers on a contrasting background clearly visible from the street.
4. Every space must have 24-hour access to the electric panel, which serves that space.
5. Missing circuit breakers or knockouts in electric panels and junction boxes must be filled.
6. Broken or damaged electrical fixtures and cover plates must be repaired or replaced.
7. Added electrical fixtures and outlets must comply with the National Electric Code.
8. Hose bibs should have vacuum breakers.
9. Plumbing fixtures must be in good working order.
10. Any unused plumbing must be capped.
11. Gas appliances and heaters must be properly vented and installed.



To: Backflow Technicians, Builders, Construction Firms, Irrigators

This letter is to inform you of the new procedures for the recording and confirming of residential/commercial backflow device inspections “upon install” in the City of Van Alstyne, Texas prior to a Certificate of Occupancy. The City has partnered with SC Tracking Solutions LLC, a web based software tool, used to track, catalog and confirm technicians and their inspections. The website is [www.sctrackingsolutions.com](http://www.sctrackingsolutions.com). All technicians/testers must register on the website.

As of June 15<sup>th</sup>, 2014 it will be necessary for technicians/testers to submit a current calibration report, certifications, state license and professional documentation, individual and company. You will have an opportunity to upload documents during registration or send them to us via fax or email. The fee for each backflow assembly tested is \$10.95 plus tax. This fee is paid upon entering the test results in the online tool. City tester registration is \$35 annually, which is paid for on the SCTS tool.

Follow the steps below to complete the new residential/commercial backflow device inspection in a timely manner.

**COMPLETE THIS FORM FOR EACH NEW DEVICE. DO NOT TURN TEST FORMS INTO THE CITY.**

- **PRIOR TO TESTING THE NEW DEVICE** fax or email this completed document for each device to (972) 217-8387 or [cs@sctrackingsolutions.com](mailto:cs@sctrackingsolutions.com). SC Tracking will upload the information for you.
- Technicians/testers go to [www.sctrackingsolutions.com](http://www.sctrackingsolutions.com). Click technician/tester registration and complete the entire process. This process should not take more than a few minutes if documentation is in order and will only need to be completed one time with only periodic updates as licenses or certifications expire.
- Please allow 24 hours for SC Tracking to validate your documentation with state and local databases.
- Once validation is complete you will receive a temporary password via email.
- SC Tracking will then email you Catalog # for this address.
- You will then return to the website, log in using your email address and temporary password, type in the Catalog #, complete the test or tests that apply to you and check out. This will complete your obligation to this inspection and be copied to the city. Maintain your test records per state law.
- A copy of the report then will be emailed to your registered email and the proper Town representative upon completion of the test and checkout.

Address of New Assembly: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Location: \_\_\_\_\_

Building Owner Email: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Type: \_\_\_\_\_ (**RPZ, DC, DCDA, PVB, SVB, RPZ II, DCDA II**)

Serves: \_\_\_\_\_ **IRRIGATION, DOMESTIC, FIRE, WATER HEATER, etc.**

Technician/Tester Name: \_\_\_\_\_

Technician/Tester Email: \_\_\_\_\_

Please Select:

Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_

\*\*Please email or fax this document directly to SC Tracking Solutions. In a few minutes we will input the device information above and send you a Catalog number for report entry.



## Van Alstyne Police Department

### Business Emergency Contact

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Alarm Co: \_\_\_\_\_

Alarm Co Phone #: \_\_\_\_\_

### After Hours Contact Information

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Other: \_\_\_\_\_

Do you wish to be contacted if the building is unsecured? Yes \_\_\_\_\_ No \_\_\_\_\_

**The above information will ONLY be used by the  
Van Alstyne Police Department in the case of an emergency.**

If you would like to add any other information please attach on separate sheet of paper.

If any of the information changes please update the department so we will be able to contact you if needed.