



City of Abilene

Certificate of Occupancy Application

*****Floor plan required to be submitted with this application*****

To schedule inspections call (325)676-6232, email: BuildingPermits@abilenetx.com

Reason for Application:

Change of Ownership

Change of Tenant

Restaurant have FOG approved grease trap? Size and Location? _____

Will there be any alterations? **If yes, STOP! Commercial Permit application required. See staff for help.**

Fee: \$100.00

Business Address:	
Name of Business:	Name of Business Owner:
Address:	City:
State: Zip: Phone:	Email:
Sq. Ft. of Occupied Building Space:	No. of Restaurant Seats (if applicable):
Req. No. of Assigned Parking Spaces (if applicable):	No. of Restrooms:
Proposed Use of Building Space:	Former Use of Building Space:
Property / Building Owner:	Phone:
Mailing Address for Certificate of Occupancy: (Certificate must be posted on site)	

Has Applicant applied for electric service? Yes No

Has Applicant applied for gas service? Yes No

Has Applicant applied for water / sewer service? Yes No

Has Applicant applied for Sales Tax Certificate for Abilene address? Has Yes No

Applicant requested a Health Inspection by the City of Abilene? Yes No

NOTICE

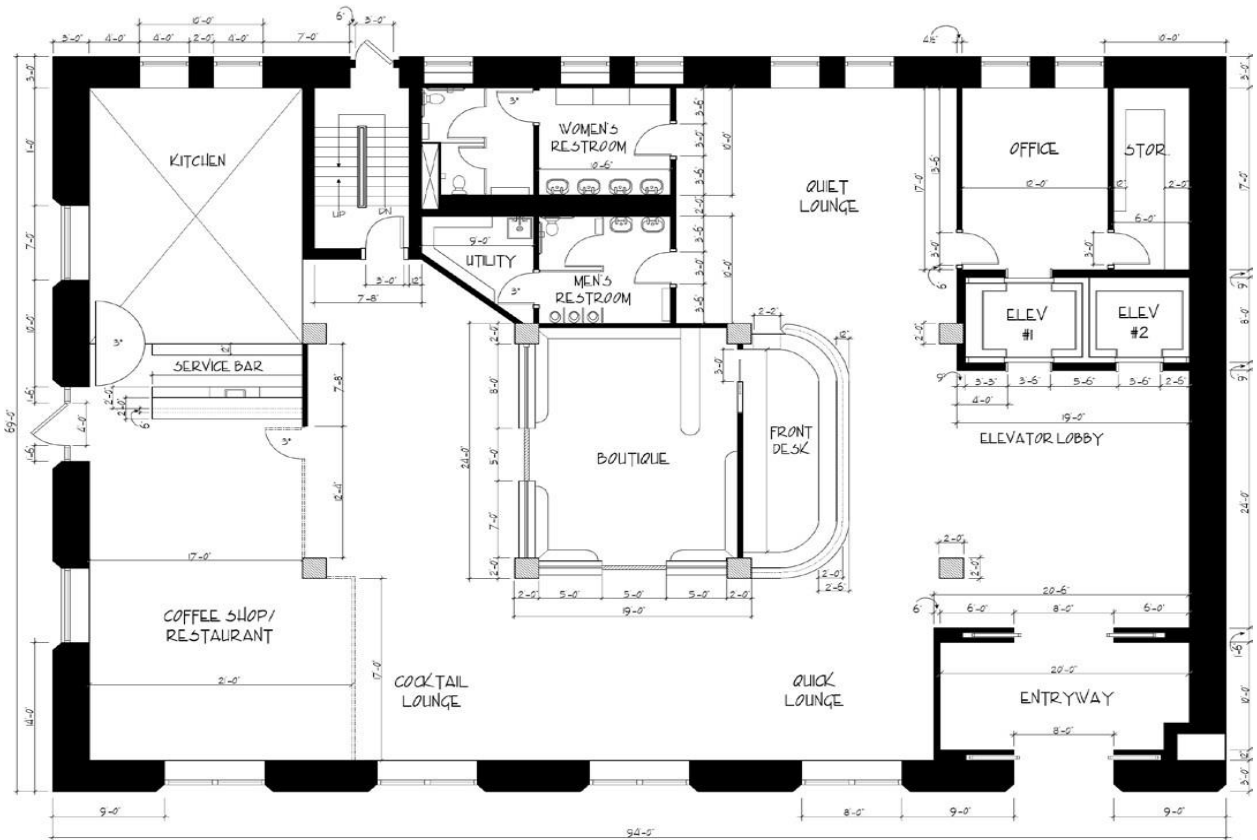
The granting of this permit does not presume to give authority to violate or cancel the provisions of City, State or other local laws regulating construction or the performance of construction. All provisions, laws and ordinances governing this type of work will be complied with, whether specified or not.

1. Post address in a manner clearly visible from above-named street. Numerals shall be a minimum of four inches tall and 1/2-inch stroke, installed on a contrasting background.
2. Provide "NO SMOKING" signage and a receptacle for discarding smoking materials at each entrance.
3. Portable fire extinguishers shall be provided as indicated below.
 - a. Mount ABC type dry chemical fire extinguishers in accessible locations as needed to maintain a maximum travel distance of 75 feet from all areas of the building to an extinguisher.
 - b. Extinguishers shall have a minimum rating of 2-A, 10-B:C and/or a minimum capacity of five pounds.

Applicant Initial _____

Applicant Signature: _____ Date: _____

*****Floor Plan Example*****



*****Office Use Only*****

Zoning: Reviewed by: _____ Notes: _____

Approved: _____ Yes No Date: _____

Building Inspection: Reviewed by: _____ Approved: Yes No Date: _____

Notes: _____

Fire extinguishers: _____ Required: Yes

Lighted Exit signs: _____ Required: Yes No

Emergency Lights: _____ Required: Yes No