



# CITY OF CASTROVILLE

*Little Alsace of Texas*

APPLICATION FEE: \$100

Please submit the CO Application Packet to:  
[permits@castrovilletx.gov](mailto:permits@castrovilletx.gov)

## CERTIFICATE OF OCCUPANCY APPLICATION PACKET

### APPLICATION WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING INFORMATION

Please review the attached information to assist you in the completion of the application. All forms must be filled out **completely and legibly**. The following items are required for submission:

- Completed *Certificate of Occupancy Application* Form (attached)
- Floor plan showing the following information: (separate sheet of paper)
  - Interior layout of building or suite
  - Bathrooms
  - Water heater
  - Placement of all EXIT signs
  - Dimensions
  - Address labeled, including suite/building numbers
  - Fire extinguishers
- A parking layout showing the number of available on-site vehicular parking spaces
- A *Food Establishment Permit* is required for all retail food services. This can be obtained through the Texas Department of Health Services, 210-501-5261

### INSTRUCTIONS FOR APPLICANTS

1. Submit complete application to the Community Development Department by e-mail. If the application is complete, this process should take 3-5 business days.
2. Permit number will be issued, and invoice will be sent (through e-mail) to applicant for payment. The methods of payment will be located at the bottom of the invoice.
3. Once payment has been received, an inspection can be scheduled. An inspection is necessary to prove that the property has complied with all standards and codes and is fit for occupancy.

Inspections are done through Bureau Veritas, information below.

*Inspections may be requested Monday-Friday 8a-5p at any of the following. Provide your name, address with suite number, phone number, and the type of inspection (Certificate of Occupancy):*

*Phone: (Toll-Free) 1-877-837-8775;*

*Email: [inspectionstx@us.bureauveritas.com](mailto:inspectionstx@us.bureauveritas.com);*

*Fax: (Toll-Free) 1-877-837-8859*

*Inspections are conducted the next working day between 8a & 5p, and inspectors must have access to the work area to conduct inspection.*

4. Upon approval of inspection, the Certificate of Occupancy will be issued. The Community Development Department will e-mail the Certificate of Occupancy to the applicant. This will need to be posted in a location that is visible to the public.



# CITY OF CASTROVILLE

*Little Alsace of Texas*

COMMUNITY DEVELOPMENT DEPARTMENT

703 PARIS STREET

CASTROVILLE, TEXAS 78009

PHONE: (830) 931-4090

SUBMIT PERMIT TO: [PERMITS@CASTROVILLETX.GOV](mailto:PERMITS@CASTROVILLETX.GOV)

## Certificate of Occupancy

### BUSINESS INFORMATION

Physical Address/Suite #: \_\_\_\_\_

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

Floor Area of the space to be occupied (sq. ft.): \_\_\_\_\_ # of Restrooms: \_\_\_\_\_ # of Employees: \_\_\_\_\_

Days/ Hours of Operation: \_\_\_\_\_

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

Provide a description of all operations, activities and uses that will occur inside and outside the building. If you sell products and/or provide services, list the types of products and services here.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Does your business involve the storage, sale or use of the following: (Check all that apply)

*This list is not all inclusive. If your business uses other materials that may be notable, please specify as "Other"*

- |                                                                            |                                                                 |
|----------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Alcoholic Beverages                               | <input type="checkbox"/> Poisonous or Hazardous Chemicals/Acids |
| <input type="checkbox"/> Daycare                                           | <input type="checkbox"/> Compressed Gasses                      |
| <input type="checkbox"/> Explosives/Ammunition/Fireworks                   | <input type="checkbox"/> Semi-Conductor                         |
| <input type="checkbox"/> Welding or Open Flame                             | <input type="checkbox"/> Reclaiming Waste Materials             |
| <input type="checkbox"/> Woodworking/Dust Producing Equipment              | <input type="checkbox"/> Spray Painting                         |
| <input type="checkbox"/> Food and/or Beverage Processing, Storage or Sales | <input type="checkbox"/> High Piled Stock (Over 12' in height)  |
| <input type="checkbox"/> Outdoor Vehicle Service/Garage Vehicle Repair     | <input type="checkbox"/> Other Hazards (Specify) _____          |

Will a grease trap be used on the premises?  Yes  No

### Please initial for acknowledgement below:

\_\_\_\_\_ I acknowledge that this is not a building permit application, therefore, any remodeling and/or construction to the building, I must obtain a commercial construction permit.

\_\_\_\_\_ I acknowledge that I must obtain separate sign permits for all new signs associated with this business.

\_\_\_\_\_ I acknowledge that I must contact City Hall - Utility Billing, 830-931-4070, for utility and solid waste set up, if not provided by the property owner.

**APPLICANT**

The applicant shall be the person responsible for the operations that will occur in the space to be occupied and the address shall be different than the business address.

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

Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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

**PROPERTY OWNER**

The property owner shall be the person who owns the building and the address shall be different than the business address.

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

Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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

*It shall be unlawful to use or occupy or permit the use or occupancy of any building or premises created, erected, changed, converted or altered or enlarged in its use or structure until a Certificate of Occupancy shall have been issued by the administrative official. A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.*

*Prospective tenant/applicant must be present during inspection. All tenants/owners are responsible for compliance with the Building and Fire Codes. If you have any questions about the codes, please inquire before move in. If there are violations, you will be required to correct them prior to move-in.*

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*

Received By:		Date:			
Permit #:		Total Due:	\$ 100.00	Payment Date	