



# CERTIFICATE OF OCCUPANCY APPLICATION

Planning and Development Department

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

Permit #: \_\_\_\_\_

**\*Applications must be submitted by the Tenant or Property Owner\***

**\*All Fields Required to be Filled in\***

## TENANT INFORMATION

Property Address: \_\_\_\_\_ Suite: \_\_\_\_\_

Business Owner's Name: e.g. John Smith \_\_\_\_\_

Name of Business/Tenant: e.g. Starbucks \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## OWNER INFORMATION

Property Owner or Landlord: \_\_\_\_\_  
e.g. John Smith

Property Owner Business  
Name: e.g. Blackstone \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_ Suite: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## DESCRIPTION OF BUSINESS ACTIVITY

Select all that apply:  Retail  Church  Restaurant  Institutional  Manufacturing  
 Office  School  Personal Service  Other: \_\_\_\_\_

Description of Proposed Business (What you do, products you handle, manufacture, store, sell, etc.):

1500 Solana Blvd, Building 7, Suite 7200, Westlake, TX 76262

Phone: 817-430-0941 | Fax: 817-430-1812

Email: [building@westlake-tx.org](mailto:building@westlake-tx.org)

[www.westlake-tx.org](http://www.westlake-tx.org)



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## Type of CO (Check one):

- New Tenant (from new construction)
- Change of Business/Tenant Name
- Change of Ownership
- Clean & Show
- Change of Occupancy Type

## Business Information

Total Area (sq. ft.) of premises: \_\_\_\_\_

Office Use (sq. ft.): \_\_\_\_\_

# of Employees: \_\_\_\_\_

Business Hours: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

#1 Emergency Contact Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#2 Emergency Contact Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## AUTHORIZATION

*Application is hereby made to occupy the premises as listed above according to the ordinances and codes of the Town of Westlake. I understand it is a violation to occupy without a Certificate of Occupancy issued by the Building Official.*

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

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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