



CITY OF TEXARKANA TEXAS

Community & Public Works Department
Inspection Division

220 Texas Blvd (Room 301)
PO Box 1967
Texarkana, TX 75504

Phone: (903) 798-3912
Fax: (903) 794-1257
www.ci.texarkana.tx.us

APPLICATION FOR CERTIFICATE OF OCCUPANCY
ALL BUSINESSES MUST HAVE A VALID CERTIFICATE OF OCCUPANCY (C/O)

Therefore, due to one of the following, completion of this application is required:

- ◆ You have requested a commercial account inspection
- ◆ You are operating a business without a Certificate of Occupancy (C/O)
- ◆ You are a new business which requires a Certificate of Occupancy (C/O)

BUSINESS INFORMATION

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

IS THE BUSINESS LEASED OR OWNED: _____ HOW MANY EMPLOYEES: _____

HOW MANY BATHROOMS: _____ HOW MANY HANDICAP BATHROOMS: _____

BUSINESS USE (PLEASE BE SPECIFIC – USE REVERSE SIDE IF NECESSARY)

PERSONAL INFORMATION

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____ CELL PHONE: _____

EMERGENCY INFORMATION (IF YOU ARE NOT AVAILABLE, WHO MAY BE CONTACTED)

CONTACT NAME: _____

CONTACT ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____ CELL PHONE: _____

I CERTIFY ALL THE ABOVE INFORMATION IS ACCURATE. IF FOR ANY REASON, FAILURE TO COMPLY WITH THIS APPLICATION OR SPECIFIC USAGES FOR THE BUILDING HAVE NOT BEEN AUTHORIZED, I UNDERSTAND THE CERTIFICATE OF OCCUPANCY MAY BECOME VOID.

SIGNATURE DATE