



How to submit an application for Certificate of Occupancy:

### **Via CSS Portal:**

Create your account by registering your email thru the Citizen Self Service Portal link here: [CSS Portal](#). Once registered you will receive a confirmation email. Log in to your account > Select the Apply tab> in the search bar type "Certificate of Occupancy" > select the business type that corresponds with your business. > Click on APPLY.

### **CSS Portal:**

[https://egov.addisontx.gov/energov\\_prod/selfservice#/home](https://egov.addisontx.gov/energov_prod/selfservice#/home)

### **Via Email:**

If you are unable to utilize the CSS Portal, please complete the .pdf CO application and submit via email, along with ALL required documentation to [Registrations@addisontx.gov](mailto:Registrations@addisontx.gov) . Once processed staff will respond with invoice information and a link to safely submit payment online. Once payment is made further instructions will be provided.

If you have any questions please call 972-450-2880 or email [Registrations@addisontx.gov](mailto:Registrations@addisontx.gov). We appreciate your patience and understanding.



## CERTIFICATE OF OCCUPANCY REQUIREMENTS

A Certificate of Occupancy must be issued to you before your business may open.

In order to accomplish all requirements, you must file your certificate at least **TWO WEEKS** prior to the date you wish to open. Upon filing your certificate, our office will send notification to all applicable departments to advise them you are filing and the date you wish to open. However, you must contact the appropriate department representative (listed below) to determine exactly what is required by each department for certificate approval.

**Zoning Department - Lesley Nyp - 972.450.2823 [lnyp@addisontx.gov](mailto:lnyp@addisontx.gov)**

Applicant is required to **Complete Page 3** of the CO application packet with a brief description of the business, provide a link to website, elaborate on the proposed uses for this space and how it will be broken down (offices, lobby, retail, showroom, storage/distribution of products for sale, warehouse, assembly, production, etc.) Please provide a sketch of the floor plan with square footages for each use.

**Building Inspections Department - 972.450.2885 [Inspections@addisontx.gov](mailto:Inspections@addisontx.gov)**

Building inspections ensure the structures meet the building and life/safety requirements of the locally adopted building code, and signify the structure is fit for occupancy.

**Parks Department - Matt Ansted - 972.450.2863 [mansted@addisontx.gov](mailto:mansted@addisontx.gov)**

All properties requesting a certificate of occupancy are **REQUIRED** to provide a letter from a licensed irrigator showing the property complies with the Rain, Moisture and Freeze **(ICE letter: Rain Moisture & Freeze Letter)** per Ordinance 015-033. Please submit to Parks directly.

**Utilities/Backflow - Justin Gonzales - 972.450.2827 [jgonzales@addisontx.gov](mailto:jgonzales@addisontx.gov)**

If your space has backflow prevention assemblies, those assemblies must be tested by a TCEQ licensed backflow tester and must be actively registered with The Town of Addison as such. All test reports must be submitted to the Utilities Department (Backflow) prior to Final approval of the Requested CO.

**Fire Department - Fred Calhoun - 972.450.7221 [firemarshal@addisontx.gov](mailto:firemarshal@addisontx.gov)**

All Fire Department requirements must be completed prior to occupancy of business.

**Health Department - Sandra Long - 972.450.2821 [slong@addisontx.gov](mailto:slong@addisontx.gov)**

**(Health Department approval applies to Food/Restaurant/Hotel and Retail spaces with food or pre-packaged items ONLY)** Any establishment dealing with food preparation, handling and or packaging of consumable goods must apply for a Food Service License with the Town of Addison and Must meet TFER - Texas Food Establishment Rules standards. Establishments with pools or spa must meet the Pool and Spa Standards according to Texas Dept of State Health Services.

**Engineering Department - Phillip Willis - 972.450.2847 [pwillis@addisontx.gov](mailto:pwillis@addisontx.gov)**

**(Engineering Department approval applies to NEW Development and NEW Buildings ONLY)**

**Upon completion of ALL requirements and applicable department approval, our office will issue the certificate of occupancy.**

**Town of Addison**  
**16801 Westgrove Drive**  
**Addison, TX 75001**

**APPLICATION FOR  
 CERTIFICATE OF OCCUPANCY**



Email Submittal:  
**Registrations@addisontx.gov**

Part 1. Business Location Information		Part 2. Business Owner Information	
Name of business (DBA):		Name of business owner:	
Street address:	Suite #:	Address of business owner:	
Square footage bldg.-space	Number of employees:	Drivers license number:	
Contact person:	Telephone of business:	**Email address:	
Additional contact:	Additional telephone:	**Email address:	
Name of property owner:		Phone number of property owner:	
Street address of property owner:		Email address of property owner:	
Part 3. Description of Business Activity			
a. Type of Certificate of Occupancy:  <input type="checkbox"/> New occupancy <input type="checkbox"/> Expanding Sq./Ft. <input type="checkbox"/> Change of ownership <input type="checkbox"/> Change of Use <input type="checkbox"/> Change of business name <input type="checkbox"/> Other describe: _____		b. Type of Business: <input type="checkbox"/> Food Establishment <input type="checkbox"/> Office  <input type="checkbox"/> Aircraft <input type="checkbox"/> Industrial <input type="checkbox"/> Retail Sales <input type="checkbox"/> Assembly <input type="checkbox"/> Lodging <input type="checkbox"/> Warehouse <input type="checkbox"/> Automotive <input type="checkbox"/> Medical <input type="checkbox"/> Wholesale <input type="checkbox"/> Education <input type="checkbox"/> Multifamily <input type="checkbox"/> Other:(describe)	
c. Check Yes or No to the following questions:			
<input type="checkbox"/> Yes <input type="checkbox"/> No    1. Will flammable or combustible liquids be stored, used, mixed or dispensed at this location? If so, attach description and quantities and attach MSDS.			
<input type="checkbox"/> Yes <input type="checkbox"/> No    2. Will hazardous or toxic chemicals such as, but not limited to, oxidizers, corrosive liquids, poisonous gases, radioactive, explosive, and organic materials be handled? If so, attach description and quantities and provide MSDS.			
<input type="checkbox"/> Yes <input type="checkbox"/> No    3. Will any of the following industrial processes be performed on the premises? Please circle the applicable activities. <u>Manufacturing</u> <u>Treating</u> <u>Formulation/Mixing/Processing</u> <u>Vehicle Washing</u> <u>Welding or Open Flame</u>			
<input type="checkbox"/> Yes <input type="checkbox"/> No    4. Will any liquid wastes or sludge be generated which are not disposed of in the sewer system?			
<input type="checkbox"/> Yes <input type="checkbox"/> No    5. Will there be any spray painting on the premises?			
<input type="checkbox"/> Yes <input type="checkbox"/> No    6. Will food or beverages be manufactured, stored, distributed, or sold in any manner other than in vending machines?			
<input type="checkbox"/> Yes <input type="checkbox"/> No    7. Will any form of waste water pre-treatment be utilized at this location?			
<input type="checkbox"/> Yes <input type="checkbox"/> No    8. Will any goods, merchandise or raw materials be stored or displayed outdoors?			
<input type="checkbox"/> Yes <input type="checkbox"/> No    9. Will alcoholic beverages be sold?			
<input type="checkbox"/> Yes <input type="checkbox"/> No    10. Will any sign be erected or changed?			
<input type="checkbox"/> Yes <input type="checkbox"/> No    11. Will the facility be remodeled, renovated, or altered?			
<input type="checkbox"/> Yes <input type="checkbox"/> No    12. Will any electrical or plumbing fixture be installed or relocated?			
<input type="checkbox"/> Yes <input type="checkbox"/> No    13. Will the building be equipped with a fire sprinkler system?			
<input type="checkbox"/> Yes <input type="checkbox"/> No    14. Will the building be used to store aircraft?			
<input type="checkbox"/> Yes <input type="checkbox"/> No    15. Will the building be used to provide maintenance of aircraft?			
<input type="checkbox"/> Yes <input type="checkbox"/> No    16. Will medical gas piping-system be installed?			

**INVOICE#** \_\_\_\_\_

## APPLICATION FOR A CERTIFICATE OF OCCUPANCY

### Part 3. Description of Business Activity (Continued)

Attach the following items to this application:

**Note: this application will not be processed and no inspections made until these items have been submitted.**

- A copy of the State Sales Tax Certificate, if applicable.
- A copy of the floorplan of the area covered by the certificate of occupancy showing exterior door openings and the number of square feet.

I hereby certify that the foregoing information is correct to the best of my knowledge.

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

Your name (Printed Name): \_\_\_\_\_ Signature: \_\_\_\_\_

Check which is applicable:

- I am the business owner     I am the property owner     I am the leasing agent     other \_\_\_\_\_

### Part 4. For Office Use Only

Check Departmental Reviews	Responsibilities	Initials	Status	Date	Phone
Planning & Zoning	City Zoning Requirements				972-450-2823
Infrastructure Department	Public Utilities, Public Improvements, Grading-Drain.,				972-450-2847
Parks Department	Trees, Landscaping, Freeze-Rain Irrigation Sensors				972-450-2863
Infrastructure (Water)	Utility Connections, Water, Backflow Devices				972-450-2827
Fire Department	Life Safety & Fire Protection Systems				972-450-7221
Health Department	Food, Health, Public Pools				972-450-2821
Tax Department	Tax, Sales Tax				972-450-2800
Building Inspection	Bldg. Codes, Signs, Fences, Dumpster Screening, Final Insp., Permit Release & Exterior Lighting				972-450-2880

Instructions:

- The Building Inspection Office will coordinate the review of the Certificate of Occupancy with the departments checked above prior to releasing the C/O.

**The Building Inspection Office must complete and attach the C of O checklist before approval of the C/O.**

CO Number:	IBC Occupancy Classification: Construction Type: _____ Occupancy Class: _____	Zoning District: _____	Is use allowed in the zoning district <input type="checkbox"/> Yes <input type="checkbox"/> No
Temporary Certificate of Occupancy Issued <input type="checkbox"/> Yes <input type="checkbox"/> No		Date: _____	Temp-CO Expiration Date: _____
Permanent Certificate of Occupancy Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date: _____	Inspection set for: _____
		BO-Approved: _____	Permit Fee: _____
Filed: _____	Paid: _____	Payment Type: _____	Receipt: _____
			Electrical Release: Yes No
			Gas Service Release: Yes No

COMMENTS. Note: Subject to comments listed below.

- Inspection by a Building Inspector and Fire Inspector to verify compliance with applicable codes must be completed prior to opening.



**Please answer the following questions for Zoning Review:**

**Business Name:**

**Application Date:**

**Company Website:**

**Brief Description of the Business:**

**Brief description of the intended use of the space and how it will be broken down (offices, lobby, retail, showroom, storage, warehouse, assembly, production, etc.) for which you are applying for Certificate of Occupancy (provide a Floorplan as an attachment):**

In signing below, I certify the information I have provided is true and acknowledge that any misrepresentation of my declared use for this space will result in **Revocation** of the Certificate of Occupancy.

**Business Owner Name:**

**Business Owner Signature:**

**Business Owner Email:**



# RAIN, MOISTURE AND FREEZE SHUT-OFF DEVICE

PROVIDE COMPLETED LETTER SIGNED BY AN IRRIGATOR LICENSED WITH THE STATE OF TEXAS

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

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

CO#: \_\_\_\_\_

**"I have tested the irrigation system and its associated components and determined it is functioning in accordance with all applicable state and local laws, ordinances, rules, regulations and/or orders. The rain or moisture and freeze shut-off device(s) is fully operational and functioning according to the manufacturer's specifications."**

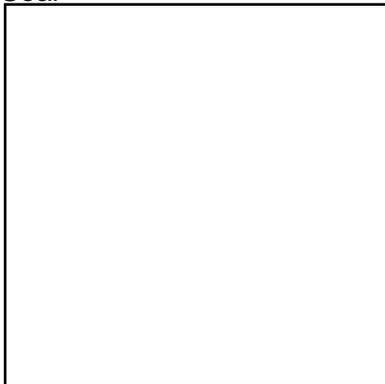
Name of Licensed Irrigator: \_\_\_\_\_

Name of Company: \_\_\_\_\_

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

Signature of Licensed Irrigator: \_\_\_\_\_

Seal



## Sec. 18-53 Certificate of Occupancy

*110.7 Fee.* The fee for each certificate of occupancy will be in the following amounts:

Number of Square Feet (sq ft) in a Building	Certificate of Occupancy Fee
0 to 5,000 sq ft	\$50.00
5,001 to 25,000 sq ft	100.00
25,001 to 50,000 sq ft	150.00
50,001 to 75,000 sq ft	200.00
75,001 to 100,000 sq ft	250.00
100,001 to 125,000 sq ft	300.00
125,001 to 150,000 sq ft	350.00
150,001 to 175,000 sq ft	400.00
175,001 to 200,000 sq ft	450.00
200,001 to 225,000 sq ft	500.00
225,001 to 250,000 sq ft	550.00
250,001 to 275,000 sq ft	600.00
275,001 to 300,000 sq ft	650.00
300,001 to 325,000 sq ft	700.00
325,001 to 350,000 sq ft	750.00
350,001 to 375,000 sq ft	800.00
375,001 to 400,000 sq ft	850.00
400,001 to 425,000 sq ft	900.00
425,001 450,000 sq ft	950.00
450,001 to 475,000 sq ft	1,000.00
475,001 to 500,000 sq ft	1,050.00
Over 500,000 sq ft	1,100.00