

Table of Contents

A.	(General Information2
В.		Application
С.	•	Fee
D.		Process
Ε.	ı	Issuance of the Certificate of Occupancy
F.		Temporary Certificates of Occupancy3
G.		Certificate of Occupancy Inspection Checklists
1		Building Safety
2	<u>.</u>	Fire Safety5
3	3.	Health and Food Safety6
4	١.	Parks
5	j.	Planning and Zoning
6	i .	Code Enforcement
7	' .	Water Quality
8	3.	Engineering
Н.		Fee Schedule
l.	,	Application for Certificate of Occupancy10





A. General Information

A Certificate of Occupancy is a document issued by the Town of Addison authorizing a building or space to be occupied. Prior to the issuance of a Certificate of Occupancy, several departments will inspect the location to determine compliance with regulations required by the Town of Addison. For a list of items commonly inspected by each area, please see Section G below.

A Certificate of Occupancy (C.O.) is required any time there is a:

- Change of ownership
- Change of tenant
- Business name change

No building or structure can be used or occupied until the Town of Addison has issued a Certificate of Occupancy. For buildings with multiple tenants, each tenant space must obtain their own Certificate of Occupancy.

The original Certificate of Occupancy must be posted in a clear, visible place on the premises.

B. Application

For all Certificates of Occupancy, the **tenant** must submit an application for a Certificate of Occupancy. Applications from contractors will not be accepted. The application must be completely filled out and can be submitted via email to: permits@addisontx.gov. Alternatively, applications may be filled out and submitted in person at our office at 16801 Westgrove Road. Our office is open Monday – Friday from 8:00 – 5:00.

C. Fee

The fee for a Certificate of Occupancy is based on the square footage of the space that is occupied. The current fee schedule attached.

D. Process

Once we receive the application for a Certificate of Occupancy, we will:

- 1. Review the application to verify that all required information has been provided.
- 2. Verify that the proposed use is allowed on the proposed property based on current zoning of the property.
- 3. If the proposed use is allowed on the proposed property, the next step is for inspections to be conducted by the following areas (A checklist of common inspection requirements for each area can be found in Section G below):

Building Safety
Code Enforcement
Fire Safety
Health and Food Safety
Parks
Planning & Zoning
Public Works





E. Issuance of the Certificate of Occupancy

A Certificate of Occupancy will not be issued until inspections have been conducted and approved by all areas listed below:

- Building Safety
- Code Enforcement
- Fire
- Health (If applicable Food Establishments)
- Parks
- Planning & Zoning
- Public Works

F. <u>Temporary Certificates of Occupancy</u>

- 1. Although the Town of Addison typically requires all work to be completed before the issuance of any type of Certificate of Occupancy, there are times when it may be appropriate or necessary to issue a Temporary Certificate of Occupancy. Those types of conditions could include:
 - The need to stock the building or space.
 - The need to train personnel before opening to the public.
 - The need to plant or re-plant landscaping during a time of the year where survival of the plans is deemed questionable by the Parks Department
- 2. Final determination regarding the issuance of a Temporary Certificate of Occupancy will be at the discretion of the Town of Addison Building Official.
- 3. The fee for a Temporary Certificate of Occupancy is \$50.00. This fee is in addition to the fee required for the permanent Certificate of Occupancy.

G. Certificate of Occupancy Inspection Checklists

The checklists listed below contain a list of the items most commonly encountered when a Certificate of Occupancy inspection is performed. Other items, in addition to the items listed below, may also be required to comply with Town of Addison policies and ordinances.

Please be aware that the space being inspected must be ready for inspection. If any of the inspectors performing the inspection determines that the space is clearly not ready for inspection, a reinspection fee can be assessed by each inspector. Reinspection fees are \$75.00 for the first occurrence and \$125.00 for each occurrence thereafter.

If multiple CO's are requested for the same project, please make sure that you group CO inspections together. For instance, do not call one area in today and a different area in two days later.

1. Building Safety

To request this inspection, please schedule the inspection through our CSS portal or call our 24-hour inspection request line at (972) 450-2885. Inspections requested through the CSS portal prior to 7:00 am can be scheduled for a same day inspection. Inspections requested via the 24-hour inspection





a. Exterior of the Building

CERTIFICATES OF OCCUPANCY

request line prior to 3:00 pm will be performed the following business day.

	Check for Posted Numeric address numbers facing street that are at least 4 inches in size
	Check the overall condition of the exterior of the Building/Structure
	Check location and terminations of the Water Heater T/P discharge, Water Heater pan drain
	and primary/secondary condensate drain lines for the HVAC equipment
	Check for exposed or unsafe electrical wiring
	Verify electrical service installation, location and check for hazardous conditions
	Check A/C condenser equipment for insulation on refrigerant lines and if ports are exposed, install locking/tamper proof caps on refrigerant ports
	Verify all exterior doors into building or suite are labeled with the numeric address numbers on
	the exterior side of the door
	For multi-tenant buildings, verify that the address (including suite number) is permanently attached to both the electrical meter and gas meter.
	Note: If the gas has been turned off a Plumbing permit is required. Gas service will not be
	restored without a gas test that is verified and approved by a Town of Addison inspector. Once
	verified and approved, a release will be provided to Atmos.
Int	erior: Electrical, Plumbing and Mechanical Systems
	Verify interior electrical panel location, panel is properly labeled for identification, panel cover is
	secured in place with no missing screws, all breakers are installed in correct locations and permanently labeled. Install blank covers in open breaker panel slots that are not in use.
	Verify electrical panel locations are not blocked or covered and have a minimum of 3 foot clearance on all sides
	Verify all electrical outlets, switches, fixtures and etc. are installed correctly with no exposed or
	hazardous wiring.
	Check for unsafe or exposed NM Cable (Romex), wiring and that no extension cords are used
	as permanent wiring
	Verify all lavatory and sink fixtures installed inside the building have working/running tempered
	water to the faucets and have approved traps installed to prevent sewer gas infiltration
	Verify all plumbing fixtures are installed correctly and are in working condition
	Verify handicap restroom requirements if applicable
	Verify urinal and/or water closet partitions are installed per the Plumbing Code
	Verify restroom exhaust fans are installed, cleaned and working correctly
	Verify HVAC equipment locations, check return air locations, verify all grills/registers are
	cleaned and installed correctly
	Verify HVAC unit installation location, electrical connection with equipment disconnect, gas pipe
	line connection with hard pipe connection through metal shell of the unit, 1" minimum vent



b.

clearance to combustible materials, vent connections, vent supports and vent termination



			Verify HVAC condensation drain connections, gravity fall on drain pipe to drain, termination locations and secondary drain installed. Down-Flow units require float switch on secondary drain
			Verify gas water heater exhaust vent clearance to combustibles, vent connections, vent support
			and vent termination
			Verify years line connections, any safety hazards
			Verify water line connections with no visible leaks Verify temperature and pressure relief valve is installed with drain line connection and
		Ш	termination location to code
			Verify water heater pan drain line installed and termination location, if pan is installed
			Verify electrical connections for water heater
			Verify NM cable to water heater is installed in conduit
			Verify water heater has a disconnect or is in sight of panel with lock out installed on breaker
			Verify disconnect breaker size for water heater and HVAC system is compatible
	c.	Int	erior: Life Safety and Other
			Verify Exit door locations, posted exit signage, exit pathway distance and all other Exit egress
			requirements per the Building Code
			Verify panic hardware installed on doors where required
			Verify emergency lighting is installed per code
			Verify "type of use" of building for exit requirements
			Replaced damaged or missing ceiling tiles and ceiling grid
			Replace or repair damaged sheetrock in walls, ceiling or other locations
			Verify backflow device installations where required and
			the device is tested and in working condition, new testing of device may be required if testing date cannot be verified
2.	<u>Fir</u>	e S	<u>afety</u>
	То	rec	uest this inspection email Fred Calhoun at firemarshal@addisontx.gov or call (972) 450-7221
	a.	Fir	e Extinguishers
			A Fire extinguisher is needed for every 3,000 sq. ft. (2A:10BC)
			No more than 75 feet travel distance from an extinguisher
			All fire extinguishers have current inspection tags mounted, visible and accessible
	b.	_	eans of Egress
			Exit/Egress lights must be working with primary power and battery backup
			Exits must be lit and visible and emergency lights are to illuminate the path of egress (walkway)
			No blocked or locked exits from either side of door
			Exit Doors must meet all code compliance. Full swing of door required with light pressure to open
			No sliding bolt locks on exit doors





C.	Systems				
	□ No storage within 18" below lowest level of sprinkler heads				
	□ Fire Alarm, Sprinkler or Vent-a-Hood system with current tags				
	☐ Fire hydrant(s) and Fire Department Connections unobstructed				
	☐ Kitchen hood tagged with current cleaning date and name of cleaning company				
d.	Miscellaneous				
	□ Gas cylinders secured with chain or strap				
	□ No combustible materials around water heater/heating units				
	□ No extension cords used as permanent wiring				
	No combustible storage within 2 feet of ceiling (Unsprinkled Building)				
	□ Electrical Panel(s) have a minimum 3 foot clearance on all sides				
	Address with visible building numbers (4" numbers facing the street)				
	Unsafe/Exposed wires, outlets, fixtures are prohibited				
	□ Fire lane is properly striped and formatted				
<u>He</u>	ealth and Food Safety				
То	schedule this inspection, email Sandra Long at slong@addisontx.gov or call (972)450-2821				
	Smooth, non-absorbent, easily cleanable and light in color (60 LRV)				
	Walls – to meet FDA code				
	Ceilings – to meet FDA code Air curtains				
	Self-closing Doors Screened Windows				
	Mechanical Dishwashers – Heat/Chemical, in proper working order				
	Dish wash sink (100° minimum temp requirements)				
	Sinks				
	Ware wash sink (100° minimum temp requirements) (3-comp sink)				
	Hand wash sink (100° minimum temp requirements)				
	 Utility Sink with sanitizing agent present 				
	 Mop sink with backflow preventer 				
	Hot (100° minimum temp requirement) and cold water				
	Utility Sink with sanitizing agent present				
	Exhaust vents				
	Properly stored chemicals				
	Liquid wastes, required interceptors and traps				
	Floor drains				
	Air gaps				
П	Black siphonage/back flow				



3.



	Lockers for employees Garbage storage rooms/cans Dumpsters & compactors Parking lot & walkways Thermometers in coolers and freezers Water heater, properly sized All coolers in working order (41° or lower) Self-closing bathroom doors Trash cans with lids in restroom
<u>Pa</u>	<u>rks</u>
То	schedule this inspection, email Matt Ansted at mansted@addisontx.gov or call (972)450-2863
	Verify that all required landscaping is present and in good condition If landscaping plans were required, all landscaping installed must match the plans Inspect irrigation system, confirm functional and provides necessary coverage for plant material
Pla	anning and Zoning
То	schedule this inspection, email Lesley Nyp at lnyp@addisontx.gov or call (972)450-2823
	Verify required site landscaping is present and in good condition If landscaping and irrigation plans were required, all landscaping and irrigation installed must match the plans and be in full compliance with the Town of Addison landscape ordinance Verify site plan, landscape plan, façade plan(s), and floor plan have been adhered to Verify parking meets site plan (striped and marked as required) Dumpster enclosure has been provided and meets screening requirements Verify all zoning conditions have been met (usually only applicable for Planned Development Districts)
Co	ode Enforcement
То	request this inspection email Omar Aranda at oaranda@addisontx.gov , or call 972.450.2830
	Visible building numbers Visible suite numbers Required parking spaces available Parking spaces striped (9'x18') and visible Permits for all signage, including wind devices Check the dumpster area and dumpster screening condition Inspect site for sanitation/trash – site must been clean and orderly, free of material, trash, equipment, etc. Inspect parking lot for potholes, etc
	Inspect fences for maintenance (missing nickets, etc.)



4.

5.

6.



	Full inspection of International Property Maintenance Code standards
7.	nter Quality schedule this inspection, email Justin Gonzales at <u>igonzales@addisontx.gov</u> or call (972) 450-2827
	Verify that required backflow devices are present and installed correctly Verify that required backflow devices have been tested within the last year
3.	gineering schedule this inspection, email Phillip Willis at pwillis@addisontx.gov
	Verify that water meter is properly installed Verify that any public infrastructure is installed correctly Verify that all valves are accessible and working properly



H. Fee Schedule

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



APPLICATION FOR CERTIFICATE OF OCCUPANCY

Page 1

Part 1. Business Location Information				on	Part 2. Business Owner Information		
Name of Business	Name of Business (DBA)				Name of Business Owner:		
Street Address:				Suite #:	Address of Business Owners		
Square footage of	buildin	g/spac	e: Number of E	mployees:	Driver's License Number:		
Contact Person:			Telephone of	f Business:	Email Address:		
Additional Contact	t:		Additional Te	elephone:	Email Address:		
	_						
Name of Property	Owner				Phone number of Property Owner:		
Street Address of I	Dranart	O	or		Email Address of Property C	humor	
Street Address of I	riopeit	y Owii	ei		Email Address of Property C	owner.	
				Part 3. Description	of Business Activit	У	
A. Type	e of C	ertif	icate of Occupar		B. Type of Bu	•	
New Occ	upan	су		Expanding Sq/Ft	Aircraft	Food/Restaurant	Multi-Family
Change o	of Use				Assembly	Industrial	Office
Change o	of Ow	nersl	nip		Automotive	Lodging	Retail Sales
Change (of Bus	iness	Name		Education	Medical	Warehouse
Other De	escrib	e:			Other (describe):	
C. Check Yes	or No	to t	he following ques	tions:			
Yes	No	1.	Will flammable or	r combustible liquids be st	ored, used, mixed or disp	pensed at this location? If so	, attach description
163	140		<u> </u>	lso, please attach SDS she	but not limited to, oxidizers, corrosive liquids, poisonous gases, ls be handles? If so, attach description and quantities. Also, please		
		2.					
Yes	No			isive, and organic material for each material.			
Yes	No	3			s he performed on the p	remises? Please check all ap	onlicable activities
Yes	No		-		ed which are not disposed of in the sewer system?		
Yes	No			spray painting on the prer	· · · · · · · · · · · · · · · · · · ·		
Voc	Na					in any manner other than ir	vending
Yes	No		machines?				
Yes	No		•	vastewater pre-treatment			
Yes	No		· -	erchandise or raw materia	als be stored or displayed	d outdoors?	
Yes	No		Will alcoholic bev				
Yes	No			rected or changed?			
Yes	No			e remodeled, renovated or			
Yes No 12. Will any electrical or plumbing fixture be ins							
Yes No 13. Will the building be equipped with an autom			matic fire sprinkler syster	n?			
Yes	No			be used to store aircraft?			
Yes No 15. Will the building be used to provide mainten							
Yes No 16. Will a medical gas piping system be installed or modified?							
rinted Name of Applicant:					Date o	of Application:	
pplicant Signature: Email:				Ema	ail:	Telephone:	
_				1		1	





Business Name:

APPLICATION FOR CERTIFICATE OF OCCUPANCY

Page 2

Date:

Please answer the following questions for Zoning Review

Company Website:
Brief a Description of the Business:
Please provide a brief description of the intended use of the space and how it will utilized (offices, lobby, retail, showroom, storage, warehouse, assembly, production, etc.) for which you are applying for a Certificate of Occupancy. Please provide a floor plan as an attachment with each room labeled.
n signing below, I certify that the information I have provided is true and acknowledge that any misrepresentation of my declared use of this space will result in the REVOCATION of the Certificate of Occupancy.
Business Owner Name (printed):
Business Owner Signature:
Business Owner Email:
Business Owner Telephone:
DEVELOPMENT





APPLICATION FOR CERTIFICATE OF OCCUPANCY

Page 3

RAIN, MOISTURE AND FREEZE SHUT-OFF DEVICE

THIS FORM MUST BE COMPLETED, SIGNED AND SEALED BY AN IRRIGATOR LCENSED WITH THE STATE OF TEXAS

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/are fully operational and functioning in accordance with the manufacturer's specifications."
Name of Licensed Irrigator (print):
Name of Irrigation Company:
Company Address:
Company Telephone Number:
Email of Licensed Irrigator:
Signature of Licensed Irrigator:
Seal

