

DEVELOPMENT SERVICES 8001 Shin Oak Drive Live Oak, Texas 78233-2497 210-653-9140 ext. 2244



APPLICATION FOR CERTIFICATE OF OCCUPANCY

 $(This\ application\ must\ be\ completed\ and\ returned\ to\ this\ office\ with\ a\ \$50.00\ fee\ before\ a\ final\ inspection\ and$ Certificate of Occupancy is be issued) Make Checks Payable to City of Live Oak

Business Name:	Building Final Date:					
	(Exact name that will appear on the Certificate) Suite #:					
Address:					Suite #:	
Type of Business: _			_Approved S	Sprinklers:	YesN	0
Lot #:	N.C.B.:	Zone:	Buildin	g Type:	Stories: _	
Sq. Ft. of Building:		Maxin	num Number	of Persons	Allowed	
Owner of Premises:			_Use of Pren	nises:		
Business Telephone	& Emergency Co	ntact Numbers:				
EMAIL:						
If this is for a Medi	cal Office, please l	ist the name an	d title of all I	Physicians	that will practice at	this location.
Name/Title:						
	n and include the	amount and typ	oe of materia	l.	No	
Is there a Registere	d Knox Box at this	s address? Yes _	N	0		
Is there an Alarm S	ystem? Yes	No				
If yes, an alarm per Type of Alarm: Bu			_		Medical	<u>—</u>
Owner's Signature:					Date:	
Rec'd by & date		Per	mit #:		Delivered C of O:	
*Applicant must so	et up water accou	nts with the city	v at Citv Hall	for domes	stic water & irrigatio	on accounts.
Buisnesses ONL	_	•	•		_	Jewe V Shake)
NOTE: A	SIGNED	LEASE	MUST	BE A	ATTACHED	WITH TH

IS APPLICATION.