City of Lake Worth
Permit Department
3805 Adam Grubb
Lake Worth, Texas 76135
817-237-1211 x112
Fax 817-237-1333



## CERTIFICATE OF OCCUPANCY APPLICATION

## **BUSINESS INFORMATION**

Date:			Permit#:			
Business Address:						
Business Name:						
Business Phone #:	Business Fax #:		Ema		nail:	
Business Type:			Square Footage of Building/Lease Space:			
Taxpayer ID #:			Texas State and Sale Use Tax Permit Copy Provided (required): YES			
<b>Emergency Contact Name:</b>		<b>Emergency Phone</b>				#:
TENANT/LEASEE INFORMATION						
Company Name:	Contact:					
Mailing Address:			City:	Sta	ate:	Zip:
Phone:		Fax:	Email:			
PROPERTY OWNER INFORMATION						
Owner/Company Name:	Contact:					
Address:			City:	Sta	State: Zip:	
Phone:	Fax:			Email:		
I understand that this application must be filled out completely, a copy of the business Texas State and Sale Use Tax Permit for this location, and the required fee must be turned in for the certificate of occupancy to be processed. I hereby certify that the information provided in this application is true and factual to the best of my knowledge. I further understand that the certificate of occupancy will not be prepared and issued until all necessary departments have approved the project.						
Signature:	Date:					
Printed Name:	Title:					
OFFICE USE ONLY						
Fee: \$125.00 Date Paid:			Receipt #:			
Building Department Approved:  Classification:	Date App  Construct	oroved:  /    /      tion Type:	Fire Department Approved:  Zoning:		Date Appro	/ :