Date:_____ **License #:**_____

6400 El Verde Road, Leon Valley, Texas78238
Phone: (210) 684-1391 X226 Fax (210) 509-8288
Email: e.dominguez@leonvalleytexas.gov

CERTIFICATE OF OCCUPANCY APPLICATION*

Business Owners/Tenant Information	**Property Owners Information**
Name (Applicant):_____	**Corporate/ Owner's Name:**_____
Business Name/DBA:_____	**Address:**_____ (Street Address)
Property Address:_____ (Street Address & Zip Code)	_____ (City) (State) (Zip)
Business Phone: ( )_____	**Phone:** ( )_____
Cell: ( )_____	**Fax:** ( )_____
Email:_____	**Email:**_____

Business Information

Describe the proposed use/business in detail (be very specific)_____

_____

If storage/warehouse, what is being stored? _____

What is the existing color of the building? _____

Do you intend to paint the building (Y/N), what color?_____

Note: Bright, fluorescent or flashy colors are prohibited.

Is Electricity Needed? ☐ Yes ☐ No Is Gas Needed? ☐ Yes ☐ No

Will you be installing or displaying sign(s)? ☐ Yes ☐ No Note: A sign permit is required for **ALL** signs.

Is this an ADULT entertainment establishment? ☐ Yes ☐ No

Will you be storing **Hazardous Materials** (explosive, ammunition, flammable, chemicals) on site?

☐ Yes ☐ No If yes, describe stored items and quantities. _____

Can the City post your Business in the City Business Directory and on the Website? ☐ Yes ☐ No

What is your website address? _____

Additional Requirements for Certain Uses: (such as spa, adult entertainment, bar, salon, day care, tattoo)

1. Texas Department of Licensing and Regulation (TDLR) # _____
2. Floor plan of the entire space with each room identified as to its use, and including furniture layout.
3. Signed and Notarized Affidavit for Certificate of Occupancy from the Business owner – see page 3.
4. A copy of a state license from **each** employee providing the service.

***A copy of your Driver's License, State ID or Military ID is required for all Certificate of Occupancy.**

EC June 2016

Notes to applicant:

1. Be sure to schedule an inspection with the building official for your Certificate of Occupancy;
2. A Building Inspection **must** be satisfactory completed, prior to Temporary Occupancy;
3. Following preliminary inspection by the Building Official, a Temporary Certificate of Occupancy may be issued for a specified period of time. Note that this is not a "Permanent" Certificate and can be revoked at the "Temporary" Certificate has lapsed. The period specified in the "Temporary" Certificate should be utilized to correct any deficiencies noted by the Building Official and/or Community Development Department. The tenant may occupy the space/building with the conditions set forth by the Building Official;
4. Prior to issuance of "Permanent" Certificate of Occupancy the Fire Inspector and/or other City Officials as required, shall conduct an inspection on the premises;
5. Tenants and Owners are required to comply with all applicable codes. A "Permanent" Certificate of Occupancy **will not** be issued until **all** requirements have been met.
6. Questions regarding Building Codes, contact the Building Official at (210) 684-1391 extension 226, the Fire Inspector at (210) 684-3219 or the Police Department at (210-) 684-3215.

** I have read and understand the above information.**

I am the business owner and I certify that the information provided in this application is true and correct.

_____	_____	_____
Applicant's Signature	Printed Name	Date

*******For Office Use Only *******

Zoning _____

Affidavit for Certificate of Occupancy

Required for the following uses: spa, adult entertainment, bar, salon, day care, tattoo parlor.

THE STATE OF _____ §

COUNTY OF _____ §

BEFORE ME, the undersigned authority, this day personally appeared

_____, who under oath, deposes as follows:

"I am the owner or operator of the business located at

_____, Leon Valley Texas.

My personal mailing address is: _____

My personal Phone number is: _____

My electronic email address is: _____

The following is a detailed description of the use(s) I will operate at the establishment for which I seek a Certificate of Occupancy, including:

The service(s) the business will offer: _____

_____

The hours of operation of the business: _____

_____

I swear and affirm that the establishment described above **does** or **does not** (circle one) require a city, state or federal license, permit or registration to operate. If the establishment DOES require a city, state or federal license, permit or registration to operate, a true and correct copy of the license, permit or registration must be provided to the building official before the certificate of Occupancy may be issued.

I swear and affirm that the information provided here and in the attached certificate of occupancy application is true and correct. I understand and agree that the building official and/or Fire Marshal shall suspend or revoke a certificate of occupancy if the building official and/or Fire Marshal determines that the certificate of occupancy is issued on the basis of incorrect information supplied."

Signature: _____ Print Name: _____

Title (if any): _____ Business entity (if any): _____

SUBSCRIBED AND SWORN TO before me on this ____ day of _____ ____, 20___.

_____

NOTARY PUBLIC, STATE OF _____