



P.O. Box 369 (Mail)
303 E. Pecan Dr. (Physical)
Johnson City, TX 78636
830.868.7111 (Phone)
830.868.7718 (Fax)

APPLICATION DATE: _____

CERTIFICATE OF OCCUPANCY APPLICATION

CHAPTER 14

PROPERTY DESCRIPTION: LOT #: _____ BLOCK #: _____ NCB #: _____

PROPERTY OWNER: _____

NAME OF TENANT: _____

MAILING ADDRESS: _____

ADDRESS APPLYING FOR: _____ SUITE #: _____

CONTACT TELEPHONE No.: _____ FAX No.: _____

EMAIL ADDRESS: _____

NAME OF BUSINESS: _____

TYPE OF BUSINESS: _____

WILL YOU BE DOING ANY TYPE OF RENOVATION TO THE PREMISES? (ADDITIONAL PERMITS ARE REQUIRED FOR RENOVATION OF BUILDINGS.) YES NO

IS THIS LOCATION SERVICED BY PRIVATE WATER WELL OR A PUBLIC WATER SYSTEM? IF ON PRIVATE WATER WELL, PLEASE PROVIDE STATE APPROVAL AND CERTIFICATION DOCUMENTATION. PRIVATE PUBLIC

WILL YOU BE INSTALLING ANY EXTERIOR SIGNAGE ON THE PREMISES? (SIGN PERMITS ARE REQUIRED AND MAY REQUIRE APPROVAL FROM THE JOHNSON CITY CITY COUNCIL PRIOR TO PERMITTING AND INSTALLATION.) YES NO

ZONING: _____

NOTE:

IF YOUR GOODS OR SERVICES ARE TAXABLE, PLEASE PROVIDE A COPY OF YOUR SALES TAX PERMIT MADE OUT TO THE CITY OF JOHNSON CITY. PAYMENT IS DUE UPON SUBMITTAL OF PERMIT APPLICATION. REFER TO THE FEE SCHEDULE. ALCOHOLIC BEVERAGE SALES ESTABLISHMENTS REQUIRE BIENNIAL CITY LICENSES. PLEASE OBTAIN APPLICATIONS FOR THESE REQUIRED LICENSES. PLEASE VISIT THE CITY'S WEBSITE AT WWW.JOHNSONCITYTX.ORG TO REVIEW ALL PERTINENT REGULATIONS.

DATE: _____

SIGNATURE: _____

PRINT NAME: _____

OFFICE USE ONLY: