



# CERTIFICATE OF OCCUPANCY APPLICATION

City of Lindale  
P.O. Box 130  
105 Ballard Dr., Lindale, TX 75771  
Phone: 903-882-6861 Fax: 903-881-8170  
Email: [jselag@lindaletx.gov](mailto:jselag@lindaletx.gov)

Date: \_\_\_\_\_

Permit # \_\_\_\_\_

Commercial \$80.00     Clean and Show (No Occupancy Allowed) \$40.00

Name of Business (DBA): \_\_\_\_\_

Street Address of Business \_\_\_\_\_ Bldg.(s) and Suite(s) Number \_\_\_\_\_

Size of Building or Suite (Square Feet): \_\_\_\_\_ No. Stories: \_\_\_\_\_ No. Parking Spaces on site: \_\_\_\_\_

Manager/Operator of Use or Business: \_\_\_\_\_

Business Phone No: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Email: \_\_\_\_\_ (If you would like certificate of occupancy emailed once approved)

Applicant (if different from manager/operator) \_\_\_\_\_ Phone No. \_\_\_\_\_

Building Owner's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Building Owners Address: \_\_\_\_\_  
Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Certificate of Occupancy:  New Tenant     Change of Ownership     Change of Business Name     Expanding Sq./Ft.  
 New Building/New Construction     Change of Use     Other describe: \_\_\_\_\_     Shell Building (No Occupancy)

Type of Business:  Assembly     Automotive     Barber     Education     Food Establishment     Hair Salon     Industrial     Lodging  
 Medical     Multifamily     Nail Salon     Office     Retail Sales     Warehouse     Wholesale     Other: \_\_\_\_\_

Any proposed manufacturing to be conducted?  Yes  No    **If yes, explain:** \_\_\_\_\_

Are there adjoining businesses?  Yes  No    **If yes, what type:** \_\_\_\_\_

Will the facility be remodeled, renovated, or altered?  Yes  No \* **If yes, I understand that the use is limited to the proposed use I have described, any repairs, remodeling or alterations are not permitted without first obtaining building permit. If, Commercial it must meet all ADA requirements.**

**Signs:** Will any signs be erected or changed?  Yes  No    \* **If yes, a sign permit is required.**

**Please Check All Services Needed:**

**Electric:** will require a permanent power inspection (this is to release power to the utility provider).

**Gas:** a licensed plumbing contractor must obtain a plumbing permit, perform gas test as per code, call for inspection for inspector to verify test, if test passes notification will be sent to CenterPoint Energy. Arrangements to have the gas service reconnected need to be made by you directly with the gas company.

**Water,  Garbage or  Dumpster:** \* will require an account to be established by the responsible party  Tenant  Owner This must be done after CO submittal and payment is completed. Contact City of Lindale Water Department at 903-882-3422. \* **If the certificate of occupancy is not approved, services will be disconnected.**

Is the building equipped with automatic sprinkler system  Yes  No Grease Trap:  Yes  No Smoke Alarms:  Yes  No

Will food or beverage be manufactured, packaged, stored, distributed, sold or pre-pared in any manner other than vending machines?  
 Yes  No

**Does your Business involve storage, sale, or use of the following?**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Flammable or combustible liquids (10 gal. or more) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Alcohol Sale /on-site consumption                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| High piled storage of combustible items            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dust producing equipment or materials              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Compressed gasses or Lp Gas                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Explosives, Ammunition or Fireworks                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Magnesium or Paint/Flammable Materials             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Poisonous or Hazardous Chemicals or Acids          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Requirements for C/O Inspection (Covers most Cases)**

All Commercial businesses in Lindale must have a Certificate of Occupancy. This includes new business, business name changes, relocation of business, or expansion of business.

**Copies of required documents listed below must be submitted with your application if applicable**

- **DBA (“Doing Business As”** --County Clerk’s Office--200 E. Ferguson, Tyler, TX-- 903-590-2600  
<https://www.smith-county.com/government/elected-officials/county-clerk/official-public-records/assumed-names-dba>
- **Federal Tax ID #** --IRS.gov --SS-4 form to apply for fed tax ID:  
<https://www.irs.gov/individuals/international-taxpayers/taxpayer-identification-numbers-tin>
- **Federal / State** --Texas Department of Licensing & Regulation or Certificates by other government agencies as required.  
<https://www.tdlr.texas.gov/services.htm>
- **State Sales Tax Certificate** -- State Comptroller--3800 Paluxy Dr. Suite 300, Tyler, TX -- 903-534-0333  
<https://comptroller.texas.gov> (\*If you will be collecting Sales tax)
- **Food Establishment Permit**-- Health Department -- 815 N. Broadway Ave., Tyler TX – 903-535-0037  
<https://www.mynethhealth.org/services/environmental-health/applications-forms>  
(Approval applies to Food /Restaurant/Hotel and Retail spaces with food or pre-packaged items)
- Suite number on front of suite and building address numbers posted on front of building facing the street in contrasting colors building minimum 6 inches. (readable from road)
- Address on electrical service meter. Electrical panel that is sealed, labeled, intact, grounded, and has proper clearance.
- 5 lb. ABC tagged fire extinguisher (minimum of one) at each Exit Door. Exit signs lights must be operational.

**Restaurant:**

- All of the above
- Tagged fixed hood system (grease laden vapors appliance) or open flame cooktops
- 20 rated BC portable fire extinguisher of Special K (grease laden vapors)
- Occupancy Content
- Grease Trap Ordinance Compliance Required
- **No open cooktops are allowed in Commercial Occupancies unless protected with vent-a-hood with fire extinguisher system.**

**NOTICE TO APPLICANT:** A certificate of occupancy will not be issued on any building or structure, or portion thereof, until all provisions of the code or other Ordinances of the City of Lindale are met. Property must have a final inspection prior to issuance of Certificate of Occupancy. Call 903-882-6861 to schedule inspection. Upon approval, you can pick up your certificate or can be emailed. Any certificate of occupancy issued based on incorrect information supplied on this application may be revoked. Signature of occupant's agent constitutes approval for city employees to enter the property for necessary inspections.

**Receipt & Acknowledgement**

This form shall be signed by the applicant prior to approval of Certificate of Occupancy permit application. This form will be attached to the approved Certificate of Occupancy permit on file. I have read the information provided in the Certificate of Occupancy Application and hereby agree that if a Certificate of Occupancy permit is issued, all provisions of the City Ordinances and State Laws will be complied with whether herein specified or not. I hereby agree to comply with all State and Local laws and Ordinances. Signing this application does not authorize occupancy of the space/ or structure. It is unlawful to use, occupy, or permit the use or occupancy of a building until C.O. is issued.

\_\_\_\_\_  
Authorized Agent of Owners Signature

\_\_\_\_\_  
Home Address, City, State, Zip Code

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Received by: \_\_\_\_\_ Filed Date: \_\_\_\_\_

In Person/Office  Emailed  Faxed  Mailed

Date Paid: \_\_\_\_\_ Payment Type:  Cash  Check  Credit Card  Money Order

Reviewed by Bldg. Official: \_\_\_\_\_ Date: \_\_\_\_\_  Approved  Denied

Notes: \_\_\_\_\_  
\_\_\_\_\_

Zoning District: \_\_\_\_\_ Use/Occupancy Type Verified:  Yes  No

No. of Parking Spaces Required: \_\_\_\_\_ Occupant Load: \_\_\_\_\_ Approved by: \_\_\_\_\_

Temporary Certificate of Occupancy: Date Issued: _____ Expiration Date: _____
Certificate of Occupancy Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Issued: _____ Not Approved: _____
<input type="checkbox"/> Clean and Show Only Date Issued: _____
Electrical Release to Oncor: <input type="checkbox"/> Yes <input type="checkbox"/> No Agent Name, Conf# and Date _____
Gas Service Release to CenterPoint: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Faxed: _____