

City of Saginaw
 Permit Department
 301 S. Saginaw Blvd.
 Bus: 817-230-0453 Fax: 817-232-8565
 E-mail: permits@saginawtx.org



City of Saginaw

Permit Date: _____
 Permit #CO: _____
 Permit #: _____
 Total Fee: _____

CERTIFICATE OF OCCUPANCY PERMIT & FIRST YEAR BUSINESS PERMIT APPLICATION
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Permit Address:			
Lot:	Block:	Addition:	Zoning:
Square Footage (total):		Retail/Office:	Storage/Warehouse:

PROPERTY OWNER INFORMATION

Company Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	

OCCUPANCY INFORMATION (name to be displayed on the business and Certificate of Occupancy)

Company Name:		
Phone:	Fax:	Cell:
Mailing Address:		
Mailing City:	Mailing State:	Mailing Zip:
E-Mail:	Website:	

BUSINESS OWNER INFORMATION

Name:		
State Sales Tax ID Number:		
Mailing Address:		
Mailing City:	Mailing State:	Mailing Zip:
Phone:	Email:	

BUSINESS MANAGER INFORMATION (must be a local contact)

Name:		
Mailing Address:		
Mailing City:	Mailing State:	Mailing Zip:
Phone:	Email:	

BUSINESS INFORMATION (detail description of all business activities at this location)

Type of Business:

DOES THIS BUSINESS INVOLVE THE STORAGE, SALE, OR USE OF THE FOLLOWING?

Food Products?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Made On Premise <input type="checkbox"/>	Prepackaged Off Premise <input type="checkbox"/>
Alcoholic Beverages?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Consumed On Premise <input type="checkbox"/>	Consumed Off Premise <input type="checkbox"/>
Drive-Through Window?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Dust Producing Equipment or Materials?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Flammable or Combustible liquids?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Explosives or Ammunition?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Poisonous or Hazardous Chemicals?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Fumigation?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Compressed Gases?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Woodworking or Refinishing?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Painting with Flammable Paints?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Outdoor Storage of Materials?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Garage or Vehicle Repair?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Outdoor Display of merchandise?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reclaiming Waste?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Number of Employees: Full Time:	Part Time:

Applicant Signature:	
Printed Name:	Date:

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-----FOR OFFICE USE ONLY-----

Land Use Designation:			
Occupancy Group:		Fire Sprinkler:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Construction Type:		Any Non Conforming Use:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Occupancy Load:		Need Health Department Inspection:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Inspector Approval:			Date:

INSPECTIONS

Building Inspection Scheduled:	Passed:
<input type="checkbox"/> Re-inspection needed: Comments:	
Fire Department Inspection Scheduled:	Passed:
<input type="checkbox"/> Re-inspection needed: Comments:	
Health Department Inspection:	Passed: