

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



TOWN OF  
PROVIDENCE  
VILLAGE

1745 FM 2931  
Providence Village, TX 76227  
Tel: (940) 365-9333 Fax: (940) 365-9373

**APPLICATION FOR COMMERCIAL CERTIFICATE OF OCCUPANCY**

Property Owner: \_\_\_\_\_ Date \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Type of Business you intend to operate:**

Name of Commercial Business (explain in full) \_\_\_\_\_

Tax Id#: \_\_\_\_\_ Sales Tax Cert: \_\_\_\_\_

(Include Copy of Sales Tax Certificate showing Providence Village as Location)

Retail \_\_\_\_\_ Office \_\_\_\_\_ Warehouse \_\_\_\_\_ Other \_\_\_\_\_

Does your business involve storage, sales or use of the following:

Flammable or combustible liquids (10 gal or more)	Yes ___ No ___	Explosives or ammunition	Yes ___ No ___
On-site consumption of alcoholic beverages	Yes ___ No ___	Fireworks	Yes ___ No ___
High pile storage of combustible items	Yes ___ No ___	Magnesium	Yes ___ No ___
Sale or service of food or drink of any kind	Yes ___ No ___	Paint/flammable material	Yes ___ No ___
Dust producing equipment of materials	Yes ___ No ___	Poisonous or hazardous materials	Yes ___ No ___
Compressed gas	Yes ___ No ___	L.P. Gas	Yes ___ No ___

**THESE QUESTIONS MUST BE ANSWERED**

What kind of septic system? \_\_\_\_\_

When it was last pumped? \_\_\_\_\_

If aerobic, when was it last inspected? \_\_\_\_\_

If aerobic, date maintenance contract signed and name of company. \_\_\_\_\_

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