



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

## APPLICATION FOR RESIDENTIAL CERTIFICATE OF OCCUPANCY

Email application to [applications@crossroadstx.gov](mailto:applications@crossroadstx.gov)

Owner Name		Owner Address	
Owner Phone		Owner Email	
Resident Name	(if different from owner)		
Resident Address		Resident Phone	
Resident Email			

Septic System - Yes / No		Type of Septic:	
Last Pump Date:		Last Inspection Date:	
Maintenance Provider:			

Newsletter	I would like to subscribe to the Town's newsletter - Yes / No
Careflite	I would like an application for Careflite Membership - Yes / No

### If you intend to operate a business out of your home:

Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Sales Tax Certificate Number: \_\_\_\_\_

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

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

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