

TOWN OF CROSS ROADS

APPLICATION # _____

APPLICATION FOR COMMERCIAL CERTIFICATE OF OCCUPANCY

Email Application to: applications@crossroadstx.gov

Applicant Name: _____ Telephone No. _____
Property Address: _____
Mailing Address: _____
Email: _____
Owner of Property: _____ Telephone No. _____
Owner's Address: _____
Email: _____

Please Circle One

Type of Structure: New building? Existing building ? Vacant lot?
Type of Service : Temporary? Conditional Use? Permanent?

Legal description of property: _____
Lot _____ Block _____ Subdivision _____
Proposed use of property: _____

Past Use of Property & detailed description or nature of business): _____

Existing Zoning: _____

Is this an Adult Oriented business? ____ Yes ____ No

Business name: _____

Sales Tax Certificate Number: _____ (include copy of Certificate showing Cross
Roads location)

Federal Tax ID# _____

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.

Date of Contract: _____ Company Name: _____

Address: _____ Telephone: _____

Occupancy is not permitted before Certificate of Occupancy is issued.

I understand that the use is limited to the proposed use I have described, and repairs, remodeling or alterations are not permitted without first obtaining a permit.

Owner's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

DOES YOUR COMPANY BUSINESS INVOLVE STORAGE, SALES OR USE OF ANY OF THE FOLLOWING?

| | |
|---|----------------|
| Flammable or combustible liquids (10 gallons or more) | Yes ___ No ___ |
| On-site consumption of alcoholic beverages | Yes ___ No ___ |
| High pile storage of combustible items | Yes ___ No ___ |
| Sale or Service of food or drink of any kind | Yes ___ No ___ |
| Dust producing equipment or materials | Yes ___ No ___ |
| Compressed gases | Yes ___ No ___ |
| Explosives or ammunition | Yes ___ No ___ |
| Fireworks | Yes ___ No ___ |
| Magnesium | Yes ___ No ___ |
| Paint/Flammable materials | Yes ___ No ___ |
| Poisonous or hazardous materials | Yes ___ No ___ |
| LP Gas | Yes ___ No ___ |

Pleas describe any potential hazards associated with the daily operations of this business (If Applicable).

Inspector's Comments:

Inspector's

Signature: _____ Date: _____

For Office Use Only

Date Received: _____ Receiving Clerk _____ Fee: _____ Check #: _____ Receipt #:

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Present Zoning _____ Required Zoning _____ Maximum Occupant _____

Occupancy Classifications: _____ Load: _____ Landscaping _____

Setbacks: _____ Parking: _____ Masonry Requirement: _____

Screening of trash container and storage areas: _____

Fire Department: Approved _____ Disapproved _____ Date _____

Signature: _____

Health Department: Approved _____ Disapproved _____ Date _____

Signature: _____