

Certificate of Occupancy

BUILDING LOCATION/INFORMATION								
Business name:								
911 Assigned address:								
OWNER INFORMATION								
Name:	Phone:	Fax:						
Address:	State:	Zip:						
Email:								
TENANT INFORMATION								
Name:	Phone:	Fax:						
Address:	State:	Zip:						
GENERAL INFORMATION								
Please check the appropriate box: Existing building without a C of O, Existing building change of								
ownership, Existing building change of occupancy classification, Other, please explain:								
Previous use of building:								
Proposed use of building:								
Square feet of building:Occupancy	type:	Occupant Load:						
Sales & Use Tax Permit No.:								
► <u>NOTE</u> : PLEASE MAKE SURE YOUR SALES & USE TAX PERMIT REFERENCES "OAK RIDGE NORTH, TX." – <u>NOT</u> CONROE, SPRING OR THE WOODLANDS								
The undersigned Owner/ Agent/ Contractor/ Architect of this building, has read all of the information contained in this application, agrees to conform to all applicable laws of the City of Oak Ridge North, and certifies that the information provided herein is true and correct.								
Signature of Applicant Applica	tion Date	Phone # (if not listed above)						
Printed Name Contact E-Mail (if not listed above)								
How do you prefer to receive correspondence? Check PAGE 1	cone. Mail, E-Ma	ail, Fax, Pick-up.						

OFFICE USE ONLY

Regulated Floodplain:	In	Out	Zone:	BFE:	LFFE:	Panel #
Zoning District:						
Additional Notes:						
Received by:			Applicat	ion #:		
Approved by:			Approve	d Date:		
Notes:						
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