

## Certificate of Occupancy Application

Development Services Department 415 N. College Ave., Justin, TX 76247 Email: permits@cityofjustin.com 940-648-2541 Fxt. 122

## MyGov Application ID #:

## For Inspections:

Email: csellers@cityofjustin.com Phone: 940-648-2541 Ext. 125 For AM call before 7:30 AM For PM call before 12:30 PM

940-648-2541 EXT. 122	
Reason for Application:	New or structurally altered building
☐ Change of Occupant	Use of vacant land, except agriculture
☐ Change in use of an existing building ☐	Change in use of a nonconforming use
☐ Change in use of land	Other (please explain):
Business Information:	Complete all Fields
Business Name	Business Phone
Business Address	Business Email
Business Owner Name	Business Owner Address
Business Owner	Business Owner Phone/Email
Business Owner Address	Business Tax ID#
Property Information:	Complete all Fields
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Property Legal Description (LOT/BLOCK/SUBDIVISION)	Square Footage of Occupied Space
Property Zoning	Property Owner Name
Property Owner Address	Property Owner Phone Number
Application is hereby made to the City of Justin, Texas, under provision	ons of the zoning ordinance to use and occupy the premises for:
I (We), understand that should said premises be used or occupi Ordinance, or any building, fire, sanitary, health laws or ordinance accordance with the provisions of the Zoning Ordinance or other app	s of the City of Justin, that I (we) shall be subject to penalty in
Signature of Applicant:	Date:
**FOR OFFICE U	JSE ONLY**
Form Received By: Bu	uilding Official approval date:
Date Received: Fir	re Marshal approval date:
Date Issued: Date Paid: Pu	blic Works Approval date (if applicable):
☐ Cash ☐ CC ☐ Check(s) #: He	ealth Inspector approval date (if applicable):