



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: <input type="checkbox"/> Existing building without a C of O, <input type="checkbox"/> Existing building change of ownership, <input type="checkbox"/> Existing building change of occupancy classification, <input type="checkbox"/> Other, please explain:		
Previous use of building:		
Proposed use of building:		

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 Application Date Phone # (if not listed above)

Printed Name Contact E-Mail (if not listed above)

How do you prefer to receive correspondence? Please circle one. Mail, E-Mail, Fax, Pick-up.

City of Oak Ridge North

27424 Robinson Road • Oak Ridge North, Texas 77385
(832)381-3301 • Fax (281) 367-7729

OFFICE USE ONLY

Regulated Floodplain:	In	Out	Zone:	BFE:	LFFE:	Panel #
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Zoning District:	
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Additional Notes:

Received by:	Application #:
Approved by:	Approved Date:
Notes:	

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