



PERMIT NUMBER

Revised October 2020

APPLICATION CERTIFICATE OF OCCUPANCY

Requirements

Your application **will not be accepted** if any of the below items are missing or incomplete. When all requirements are met and all inspections are passed, the CO will be issued. To check the status of an application, please email permits@cityofkennedale.com.

- Completed, signed, **legible** application packet – includes application form, Police Department Emergency Contact form, annual Business License application (unless a current one is in place), and Food Information form.
- Paid Certificate of Occupancy fee – *If applying via email, call Permits Clerk (817) 985-2133 to make payment once application has been submitted. Fee must be paid within 30 days or your application will be voided.*
- Applied for building permit for any necessary remodels, alterations, construction, etc.

Business Information

Business Address: _____

Business Name: _____

Texas Sales Tax ID Number: _____

Detailed description of business operation (please be specific): _____

Tenant Name: _____

Tenant Address: _____

Tenant Phone: _____ Tenant Email: _____

Property Owner Information

Owner Name: _____

Owner Address: _____

Owner Phone: _____ Owner Email: _____

Please answer the following questions:

Is this application due to a change of business ownership? Yes No

Is this application due to a change of building occupant? Yes No

Is this application due to a change of use? Yes No

Is this a newly constructed building? Yes No

Will there be any additions, alterations, or renovations to the interior/exterior? Yes No

Square footage _____

Number of employees _____

Current number of parking spaces _____

Does your building have a Knox-Box? Yes No

Will you provide anything consumable? (Food, drinks, candy, soda, coffee, alcohol, etc.) Yes No

Applicant Agreement

I understand that failure to obtain a Certificate of Occupancy for a new, altered, or changed use is in violation of the Unified Development Code and can result in a fine of up to \$2,000 per day. My Certificate of Occupancy may be revoked if I do not have permission to occupy the building, if I do not abide by all relevant city codes, or if I do not operate according to the described uses in this application. By signing below I agree to these terms.

Signature of Applicant: _____ Date: _____

Please submit to permits@cityofkennedale.com with supporting documents if applicable.

For Office Use Only		
Completeness Check		
Application form completely filled—no blank lines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Application form signed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Required attachments:		
Police Emergency Contact Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Business License Application Form (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Food Form (If checked “yes” on consumable goods item)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If remodel/addition is required, permit has been applied for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fee paid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sign _____	Date _____	
Planning and Zoning Review		
Property zoning: _____		
Land use description per UDC: _____		
Is use allowed per zoning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do parking spaces meet UDC requirement for zoning use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have Tarrant County Env. Health requirements been satisfied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes:		
Sign _____	Date _____	
Inspections and Releases		
Building Inspector: _____		Fire Inspector: _____
Inspection Date: _____	Time: _____	Date Approved: _____
Electrical Release Date: _____		Confirmation #: _____
Date Mailed/Emailed Certificate: _____		Staff Initials: _____



EMERGENCY FORM

CERTIFICATE OF OCCUPANCY

The Kennedale Police Department realizes how important you are to the commerce and growth of this City and would like you to take a moment to update our information regarding your place of business. Your participation is key to fighting crime, both for the safety of your employees and the well-being of your company's assets.

Please take a moment to fill in the appropriate information. This information is vital to our Communications Division, Patrol Division, and for the information that we use to give support to our local Fire Department.

Business Name: _____

Address: _____ Kennedale, TX 76060

Business Main Phone: _____ Fax Number: _____

Website: _____ Business Email: _____

Business Owner's Name: _____

Owner's Address: _____

Owner's Phone: _____ Owner's Cell: _____

Owner's Email: _____

After Hours Emergency Contact Information

Please place the after hours emergency contacts in the order in which you prefer to be called in the case of an after-hours emergency.

First Contact Name: _____

Phone: _____ Alternate Number: _____

Second Contact Name: _____

Phone: _____ Alternate Number: _____

Third Contact Name: _____

Phone: _____ Alternate Number: _____

SELF INSPECTION

CERTIFICATE OF OCCUPANCY

This form is for your reference only. Please review carefully to prepare your property for fire and building inspections. Any questions answered with “no” indicate presence of a code violation. **Re-inspections due to code violations may result in additional fees.**

Access and Premises:	Yes	No	N/A
Are address numbers for the building visible from the street?			
Is the exterior fire department access unobstructed?			
Does your building have a Knox Box? If so, will the keys inside it open all doors? If locks are changed, contact Kennedale Fire Department to install new keys.			
Is combustible vegetation removed so as not to create a fire hazard?			
Is there a maintained minimum 3’ clearance around fire hydrants?			
Egress (Exiting):	Yes	No	N/A
Are there exit ways and doors easily recognizable, unobstructed, and maintained functional?			
Are doors with self-closing hinges maintained in the closed position (not blocked open)?			
Electrical:	Yes	No	N/A
Are all electrical outlets, switches, and junction boxes properly covered with cover plates? Is the electrical system safe from any apparent shock and/or other electrical hazards?			
Are circuit breakers/fuses labeled so as to identify the protected area?			
Is the area in front of the electrical panel(s) clear, by at least 36”?			
Are extension cords used only for temporary use? (90 days)			
Are extension cord(s) of heavy duty construction, maintained in good condition, and only used as temporary wiring, or to service small portable appliances?			
Are extension cord(s) plugged directly into an approved receptacle, power tap or multi-plug adapter and, except for approved multi-plug extension cord(s), serve only one portable appliance?			
Is capacity of the extension cord(s) greater than the rated capacity of the portable appliance supported by the cord?			
If multiple items need to be plugged in, is a power tap utilized with a built-in circuit breaker and is the power tap plugged directly into a permanently installed receptacle?			
Emergency Lighting/Egress Illumination:	Yes	No	N/A
If emergency lighting is provided, is it maintained in operable condition?			
Is the means of egress illuminated when the building or structure is occupied?			
Exit Signs:	Yes	No	N/A
If exit signs are required, are they maintained as illuminated or self luminous?			
Does the backup battery work? (Push the test button, exit sign should illuminate under battery power)			
Fire Alarm System:	Yes	No	N/A
If the building is equipped with a fire alarm system, has the required annual service of the fire alarm system been performed by a qualified fire alarm company?			
Fire Safety and Evacuation Plans:	Yes	No	N/A
If drills are required, are they conducted successfully at varying times and under varying conditions and are records maintained on the premises?			
If required, are evacuation plans posted?			
If required, do you have fire safety plans?			
Fire Extinguishers:	Yes	No	N/A
Is there access to a fire extinguisher(s) rated at a minimum of 2A-10BC per 6,000/square ft in low hazard areas and 3,000 square ft in medium hazard areas?			
Is the travel distance from all portions of the building less than 75’ to a fire extinguisher?			
Are all fire extinguishers visible and accessible (not blocked)?			
Have the fire extinguisher(s) been serviced/tagged by a qualified technician within the last 12 months?			
Is the fire extinguisher(s) properly mounted? Proper locations—near exit doors where possible, not exceeding maximum travel distance, properly mounted (maximum 5’ high if less than 40lbs, maximum 3.5’ high if greater than 40lbs, in all cases minimum 4’ above the ground).			

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Fire/Smoke Separations:	Yes	No	N/A
Are the fire/smoke separations (smoke doors, fire doors, walls, etc.) maintained in working condition?			
Fire Suppression Systems:	Yes	No	N/A
Is storage maintained a minimum of 18" below head deflectors in fire sprinkled areas?			
If the building is equipped with a fire sprinkler system, has the required annual service of the fire sprinkler system been performed in the last year by a qualified sprinkler company?			
In the commercial cooking applications, has the hood suppression system been serviced in the last six months and is the hood cleaned at intervals to prevent the accumulation of grease?			
Heat Producing Appliances:	Yes	No	N/A
If portable electric heaters are used, are they used safely? Are they plugged directly into wall outlets and kept a minimum of 3' away from combustibles?			
Housekeeping and Decoration:	Yes	No	N/A
Is combustible rubbish that is stored in containers outside of vault storage rooms removed from the building a minimum of once each working day?			
Are oily rags or similar materials stored in metal, metal lined or other approved containers equipped with tight fitting covers?			
Are combustible decorations flame retardant?			
Mechanical Hazards:	Yes	No	N/A
Is the venting for exhaust products of combustion working properly for gas appliances? (i.e. water heaters, furnaces, etc.)			
Smoke Detectors:	Yes	No	N/A
If smoke detection is required in common areas such as corridors or part of the fire alarm system, have they been tested in the last year by a qualified technician?			
Storage of Combustibles:	Yes	No	N/A
Is the storage of combustible material orderly and clear of exits and openings?			
Are combustible materials not stored beneath the building or structure?			
Are the mechanical rooms and electrical panel rooms maintained free of all combustible materials?			
Are dumpsters that are 1.5 cubic yards or more placed more than 5' from combustible walls, openings, or combustible roof eave lines?			
If you have storage of compressed gas containers (such as CO2, helium, etc.) are they chained to prevent falling?			
Storage of Combustible and Flammable Liquids:	Yes	No	N/A
Are quantities in excess of 10 gallons of flammable and combustible liquids used for maintenance purposes and the operation of equipment stored in liquid storage cabinets?			
Planning, Zoning, Health, and Building:	Yes	No	N/A
Does business meet the required number of parking spaces?			
Is land use permitted per zoning?			
If serving or selling anything consumable (food, drinks, alcohol, etc.), have all required health permits been obtained?			
Is Texas Sales Tax ID Number valid (if applicable)?			
If the space requires any remodeling or additions, have commercial building permits been obtained?			
Is parking striped? Are there striped and marked handicap space(s)?			
Is there a handicap restroom for customers and employees (if applicable)?			



PERMIT NUMBER

FOOD INFORMATION CERTIFICATE OF OCCUPANCY

NOTE: All applicants MUST complete this form regardless of occupancy type.

Describe the nature of any food, beverage, or other consumables at your business and any handling or preparation thereof:

Fill out this section if your establishment will provide food in any capacity

- Is any food prepackaged? (Arrives in **factory sealed** packaging—food prepared at home/commissary and brought to establishment in containers, even if sealed, are not considered prepackaged for the purposes of this form). Yes No
- If prepackaged, will package be opened by employees? Yes No
- Will employees handle the opened prepackaged food in any way? (Plate, wrap, microwave, chop, etc.) Yes No
- Is any other food prepared on or off site? (Cook, blend, grill, chop, microwave, plate, wrap, etc.) Yes No

Please provide list of all types of food and preparation (if any) involved:

Fill out this section if your establishment will provide beverages in any capacity

- Are drinks prepackaged? (Arrives in factory sealed container—drinks prepared at home/commissary and brought to establishment in containers, even if sealed, are not considered prepackaged for the purposes of this form). Yes No
- If prepackaged, will container be opened by employees? Yes No
- Will employees open pre-packaged alcoholic beverages for patrons? Yes No
- Will employees handle the opened prepackaged beverage in any way? (Pour, blend, mix, etc.) Yes No
- Are any other beverages prepared on or off site? (Pour, blend, mix, ferment, brew, etc.) Yes No
- Will you serve ice in any way? (from a machine, bags in freezer, shaved ice, etc.) Yes No

Please provide list of all types of drinks and preparation (if any) involved—please note any alcoholic beverages:
