



CITY OF COPPERAS COVE

CERTIFICATE OF OCCUPANCY APPLICATION

ADDRESS: _____		PHONE: _____	
NEW BUILDING <input type="checkbox"/>	EXISTING BUILDING <input type="checkbox"/>	VACANT LOT <input type="checkbox"/>	
NAME OF APPLYING AGENCY: _____		PHONE: _____	
INTENDED USE OF BUILDING/LOT: _____			
OWNER - IF DIFFERENT FROM ABOVE: _____			
ADDRESS: _____		PHONE: _____	
NEW OCCUPANCY: <input type="checkbox"/>	CHANGE OF TENANT : <input type="checkbox"/>		
LOT	BLK	ADDITION/SUBDIVISION	
NUMBER OF EXITS:	EXIT WIDTHS #1:	#2:	TOTAL WIDTHS :
BLDG DIMENSIONS:	BLDG AREA:	STORIES:	
I AM FAMILIAR WITH THE PROVISIONS OF THE ZONING ORDINANCE OF THE CITY OF COPPERAS COVE AND AGREE THAT NO OTHER USE, REPAIRS OR REMODELING SHALL BE STARTED WITHIN OR UPON THIS BUILDING UNTIL A PERMIT IS FIRST OBTAINED FROM THE PROPER DEPARTMENT.			
SIGNATURE: _____		DATE: _____	
***** OFFICE USE *****			
PERMIT NUMBER: _____	OCCUPANCY CLASSIFICATION: _____	GROUP: _____	
TYPE CONSTRUCTION: _____	OFF STREET PARKING: _____	OCCUPANT CONTENT: _____	
DOES PROPOSED USE OF BUILDING/LAND COMPLY WITH PROVISIONS OF THE LAW? YES ___ NO ___			
BUILDING DEPARTMENT: _____		DATE: _____	
FIRE DEPARTMENT: _____		DATE: _____	
HEALTH/CODE ENFORCEMENT DEPT: _____		DATE: _____	

**COPPERAS COVE POLICE DEPARTMENT
BUSINESS CONTACT FORM**

This form provides information to the Copperas Cove Police Department in the event of any emergency involving a business establishment before or after normal business hours of operations. This information shall be used to contact appropriate personnel in the case of an emergency.

If there are any changes in the ownership, management, alternate emergency contacts, and/or alarm company for the business, contact the Copperas Cove Police Department immediately with the updated information. The following information should be completed and this form returned as soon as possible to the Copperas Cove Police Department.

Name of Business:	
Name of Previous Business at This Location:	
Business Address:	Copperas Cove, TX 76522
Business Phone Number:	
Protected By Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Alarm Company Name:	Phone Number:

Main Emergency Contact

Name:	<input type="checkbox"/> Owner <input type="checkbox"/> Manager/Supervisor <input type="checkbox"/> Other
Home Address:	
Phone Number:	Alt. Phone Number:

Alternate Emergency Contact

Name:	<input type="checkbox"/> Owner <input type="checkbox"/> Manager/Supervisor <input type="checkbox"/> Other
Home Address:	
Phone Number:	Alt. Phone Number:

Alternate Emergency Contact

Name:	<input type="checkbox"/> Owner <input type="checkbox"/> Manager/Supervisor <input type="checkbox"/> Other
Home Address:	
Phone Number:	Alt. Phone Number:

Signature of Representative: _____

Date: _____

Mail, FAX, or Deliver to;
The Copperas Cove Police Department
302 East Avenue E
Copperas Cove, TX 76522
Main (254) 547-8222 FAX (254) 542-5508