



**City of Mineral Wells
Application for Certificate of Occupancy**

Application for Certificate of Occupancy is made to the Building Official of the City of Mineral Wells, TX, for authorizing the use of vacant land or building at:

Address of Use: _____

Name of Business: _____

Building Use, Description of Business, Facility Activities, or Plant Operations: _____

Square Footage of Building: _____ Business Phone #: _____

Occupant Name: _____ Phone #: _____

Occupant Mailing Address: _____

Property Owner Name: _____ Phone #: _____

Owner Mailing Address: _____

Contact Person's Name: _____ Phone #: _____

REVOCATION: The Building Official may, in writing, suspend or revoke a Certificate of Occupancy issued under the provisions of this ordinance whenever the Certificate of Occupancy is issued in error, or on the basis of incorrect information supplied, or when it is determined that the building or structure or portion thereof is in violation of any ordinance or regulation or any of the provisions of this ordinance or the most current Uniform Building, National Electrical, Uniform Mechanical, International Fire, and/or Uniform Plumbing Codes, and/or State/Local Health Laws.

Also, in accordance with Section 1004.3, of the 2012 International Building Code, Posting of the Occupant Load, every room or space that is an assembly occupancy shall have the occupant load of the room or space posted in a conspicuous place, near the main exit or exit access doorway from the room or space. Posted signs shall be of an approved legible permanent design and shall be maintained by the owner or authorized agent.

I hereby certify that I have read the above information and know the same to be true and correct.

*The City of Mineral Wells is currently under the 2012 Edition of the International Plumbing Code, the 2011 National Electrical Code, the 2012 International Building Code, the 2012 International Mechanical Code, and the 2012 International Fire Code.

Printed Name: _____ Signature: _____ Date: _____

OFFICIAL USE ONLY

Land Use Classification (From Permitted Land Use Table): _____

Zoning District: _____ Is This A Permitted Use? _____

Occupancy Group: _____ Occupancy Load _____

Date Released To TXU: _____ Water: _____

Sprinkler System Provided: _____ Required: _____ Construction Type: _____

Date Submitted: _____ Check #: _____ Receipt #: _____ \$30.00 Received By: _____

Certificate of Occupancy Application Continued

This sheet is provided for your information by the Inspection Department for code compliance to receive a Certificate of Occupancy. **You are responsible for contacting the Inspections Secretary at 940-328-7715, for re-inspection.**

1. Will food or beverages be manufactured, packaged, stored, distributed, sold, or prepared in any manner other than vending machines?
 Yes No (If so, grease trap shall be installed.)
2. Will alcoholic beverages be sold for consumption on the premises? Yes No
3. Will used goods be sold on the premises? Yes No
4. Will any goods or merchandise be displayed outdoors? Yes No
5. Will there be any spray painting on the premises? Yes No
6. Will any goods, merchandise, raw materials, oil, or chemicals be stored outdoors? Yes No
7. Will you store, dispense, or mix flammable or combustible liquids for purposes other than maintenance for operation of equipment?
 Yes No If so, specify the type of product:
8. Will you handle or use any hazardous or toxic chemicals such as, but not limited to, oxidizers, corrosive liquids, poisonous gases, and radioactive materials?
 Yes No If so, specify the type of product: _____
9. If you will be performing any of the following processes on the premises, please check those activities:
 Manufacturing Treating Vehicle Washing Formulation / mixing
10. Will any liquid wastes or sludge be generated which is hauled off site?
 Yes No To city sewer system? Yes No
11. Will any form of waste water pre-treatment be utilized at this facility? (grease interceptor, sand/grit trap, oil/water separator, neutralized.) Yes No
12. Will combustible dust be generated? Yes No
13. If you have warehouse storage, complete the following:
A. What materials will be stored? _____ B. How high will materials be stacked? _____
C. Will the materials be stored in racks? Yes No
14. Number of parking spaces: _____ Are parking spaces properly striped.
 Yes No
15. Number of handicapped parking spaces: _____ If none, will you provide handicapped spaces (if required)? Yes No
16. Please be aware that a separate permit is required for signage.
17. Please be aware that a separate permit may be required for wastewater discharge.

Should you have any questions, please feel free to call.

Stacie Frye- Secretary-940-328-7715

Tony Stubblefield- Building Official -940-328-7715

Stephanie Thomas- Health Inspector- 940-328-7717

Mike Pool-Fire Chief- 940-328-7741

Jeremy Payne- Pretreatment Coordinator 940-328-7827

Below is a checklist of items the Fire Chief will be reviewing during your Certificate of Occupancy inspection. **It would be a good idea for you to review this checklist and attempt to make any necessary repairs prior to the inspection.** Please be advised that the Fire Chief may require you to make additional repairs that are not included on this checklist (and some of the items on this list may not apply to your business).

1. Address is visible and legible from street or road fronting the property with a minimum 6" numbers/letters, 12" for large commercial on fixed surface (not entry doors).
2. Exit doors open freely and have panic hardware or must have sign on the door stating "THIS DOOR TO REMAIN UNLOCKED WHEN BUILDING IS OCCUPIED". Sign to be minimum of 1" letters on contrasting background affixed to interior of door at 3' – 5' height from floor or immediately adjacent to door. (Some occupancies are required to have panic hardware.)
3. Exit doors have lighted/luminous exit signs.
4. Emergency lighting is in place and operating properly.
5. Working smoke detector is mounted in each restroom, sleeping room, and mechanical / janitorial room.
6. Breakers in panel are each labeled clearly and no obstructions are in front of panel. 36" clearance is required.
7. No extension cords or multi-plug adapters are in use, power strips with approved surge protector / fuse are acceptable.
8. Sufficient fire extinguishers with current inspection tags are mounted with proper signage. Smallest extinguisher accepted is 2A 10BC for commercial occupancy.
9. Exits, hallways and corridors used in connection with an exit are clear of obstructions and/or storage.
10. Mechanical, electrical, sprinkler riser and FACP rooms are orderly and free of combustible material.
11. Flammable/combustible liquids/oily rags are stored in approved containers/locations.
12. Electrical wiring and equip. are in safe condition. All outlets and fixtures must have approved covers, no bare/exposed bulbs or wires.
13. Storage areas are clean and orderly. Storage is kept a minimum of 2 feet below ceiling and 18" below sprinkler heads.
14. Attic spaces are free from storage of combustible material (unless separated with 1-hour fire resistive construction).
15. Fire alarm system, if installed, is operable and has a current inspection tag.
16. Automatic fire doors, if installed, work as designed.
17. Vent-a-Hood extinguisher system is clean, free of grease buildup, and has a current inspection tag.
18. If Vent-a-Hood system is installed a Class K extinguisher is present, mounted, and appropriate distance from system, with a current inspection tag.
19. Sprinkler system, if installed, has current inspection tag.
20. Emergency fuel shut off switch is present and labeled.
21. All gas meters, regulators, and gas piping exposed to traffic are suitably protected.
22. Knox box, if required, has working keys to the building.
23. Perimeter of building is free of accumulation of weeds, grass, trash, etc.
24. Fire lanes and fire apparatus access roads are unobstructed, maintained, and visibly striped.