



CITY OF BALCONES HEIGHTS CERTIFICATE OF OCCUPANCY APPLICATION

COMMUNITY DEVELOPMENT DEPARTMENT
3300 HILLCREST DRIVE
BALCONES HEIGHTS, TX 78201
Phone: 210-957-3545 Fax: 210-957-3169
Email: inspections@bhtx.gov

BUSINESS/TENANT INFORMATION

Business Name (DBA) _____

Business Address & Suite _____

Business Owner/Manager Name _____ Phone _____

Cell _____ Email _____

Business Owner/Manager Secondary Mailing Address _____ City/State/Zip _____

Phone _____ Cell _____ Email _____

TX Driver's License # _____

Sales & Use Tax ID # _____ Tax Exempt # _____

| | |
|---------------------------|----------------------|
| Property Owner Name _____ | Email _____ |
| Mailing Address _____ | City/State/Zip _____ |
| Phone _____ | Fax _____ Cell _____ |

Please Check Only One

- New Tenant
- Existing Business, New Owner
- Expanding/Increasing Lease Space
- Existing Business Owner / New Business Name

_____ All commercial businesses requiring sanitation services must use the City contracted waste hauler.
Initial To start your sanitation services, please contact:

Republic Services
(210) 375-0066

_____ Per Sec. 153.4.1.7 of the Balcones Heights Code of Ordinances, City approval is required prior to the
Initial painting the exterior of commercial businesses. If you are planning to paint your business, please contact the
Community Development office at (210) 957-3545 or email inspections@bhtx.gov for further information.

Please Check:

- Will taxable sales be made? Yes No

*(If yes: A copy of your sales tax permit **must** be attached to this application or submitted **prior** to issuance of your Certificate of Occupancy. Your sales tax permit must indicate that the business address is in the City of Balcones Heights, Texas or the issuance of your Certificate of Occupancy may be delayed or **will not** be issued.*

- Describe the proposed use of the building, space, or land. If retail, describe merchandise: _____

- What was the previous use of proposed lease space? _____

- What is the square footage of building/lease space? _____

5. Is there an active building permit for this location? Yes No
(If yes: all construction must be completed and permit inspections approved prior to C of O Inspection request.)
6. Will this business have a CPS Energy account for electric and/or gas service? Yes No
7. Will there be any building or trade permits needed for this location? Yes No
(If yes: all construction must be completed and permit inspections approved prior to C of O Inspection request.)
8. Will there be new signage proposed, i.e., wall or freestanding? Yes No
(If yes: you will be required to submit sign specifications and obtain permit prior to installation.)
9. Will food or beverages be sold, prepared, manufactured, packaged, stored or distributed at this location? Yes No
(If yes: you will be required to obtain a Food Establishment Permit from the City of Balcones Heights.)
10. Will alcoholic beverages be sold? Yes No
(If yes: you must apply for a City license annually with the City Secretary. Please provide copy of TABC Permit)
11. Will you store, use, dispense, or mix flammable or combustible liquids? Yes No
(If yes: Which liquids? _____)
12. Will there be an alarm system at this location? Yes No
(If yes: you must register your alarm with the City Secretary annually.)
13. Will there be any coin operated machines at this location? Yes No
(If yes: you must register each coin operated machine with the City Secretary annually.)
14. Is there a swimming pool(s) at this location? Yes No
(If yes: you must register each swimming pool(s) with the City Secretary annually.)
15. Will sexually-oriented business or adult entertainment be conducted or sold on premises? Yes No
(If yes: you must obtain permit from Chief of Police.)

****Please complete the application before signing/certifying information. Incomplete applications will not be accepted****

APPLICANT CERTIFICATION

I hereby certify that I have read and examined this application and know the same to be true and correct. I have answered the questions on the back of this form to the best of my knowledge. I further certify that the space being occupied has not been altered, modified or otherwise had any form of construction, electrical, plumbing, mechanical, or renovation work prior to this application. I acknowledge that if any work is performed in the future to this address, I shall be responsible for obtaining ALL applicable permits from the City of Balcones Heights PRIOR to any work being performed.

Applicant Name (print)

Date

Applicant Signature

Property Owner Signature

The City of Balcones Heights welcomes you and we are excited you are here!

If you would like to be contacted to plan a Grand Opening / Ribbon Cutting Ceremony for your new business please print your name, email and contact number below.

For Office Use Only

Zoning _____ Permitted Use (Per Table 3.5-1) _____ Application Fee \$150.00 Ck / Cash / MO / CC
 Received by _____ Date _____
 Inspections: Bldg _____ Fire _____ Health _____ C of O# _____ Date Issued _____