



# 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
- Expanding/Increasing Lease Space
- Existing Business, New Owner
- 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:

**C6 Disposal Services, Inc.**  
**(210) 375-0066**

\_\_\_\_\_ Per Sec. 153.4.1.7 of the Balcones Heights Code of Ordinances, City approval is required prior to the 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](mailto: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**

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