Certificate of Occupancy

BUSINESS INFORMATION

Business Name (Doing Business As or DBA):_____

Port Property Address:_____Suite No_____ Bldg. No_____

Primary Business Contact:_____

(Phone) _____(Email)_____

Owner of Business:_____Address:_____

City:_____ State:_____ Zip Code:_____

POC:_____ (Phone) _____(Email)_____

NOTE: *If the applicant is a different person than the tenant, the following section must be completed by the applicant:*

Applicant (name): (Phone) (Email)

Please check only one:

☐ New Tenant ☐ Expanding/Reducing Lease Space ☐ Existing Business/New Owner ☐ Same Owner/New Bus. Name

[*Existing Area (square feet) of Building/Tenant Space:_____ New Area (square feet):_____]

Total Area (square feet) of Building or Tenant Space intended for Occupancy: _____

Proposed Use: (Check all that apply):

☐ Office ☐ Storage/Warehousing ☐ Industrial Manufacturing/Fabrication ☐ Retail

☐ Educational ☐ Multi-family Residential ☐ Other (describe):_____

Acknowledgements:

1) Is there an Active Building Permit for this location? ◯ Yes ◉ No Port Permit #_____

2) Is the business currently in operation? ◯ Yes ◉ No

3) Is the use of the building or space changing from the previous use/operations? ◯ Yes ◉ No

4) Is there an existing Fire Protection system? ◉ Yes ◯ No ◉ Fire Sprinkler ◉ Fire Alarm

5) Is required electrical power already provided to the space? ◯ Yes ◉ No

6) Will the use involve display of products in racks (including retail use)? ◯ Yes ◉ No

7) Will the principal use of the building or tenant space be used as an aircraft hangar? ◯ Yes ◉ No

8) Principal use of the space used for laboratory, storage, or warehouse? ◯ Yes ◉ No
   a. If yes, attach required Occupancy Classification Letter.

9) What percentage of the building space will be used for warehousing?_____ %
   a. Will the materials be stored in racks? ◯ Yes ◉ No

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Chief Building Official
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b. If yes, identify proposed maximum storage height on racks (feet) =_____

c. For non-rack/shelf storage, proposed maximum storage height (feet) =_____

10) Will you store, use, dispense, or mix flammable/combustible liquids excluding those used for maintenance for operation of equipment? ○ Yes ◉ No
    a. If yes, attach required Occupancy Classification Letter.

11) Will you store, use, dispense, or mix any hazardous or toxic chemicals such as but not limited to oxidizers, corrosive liquids, poisonous gases, and radioactive materials? ○ Yes ◉ No
    a. If yes, attach required Occupancy Classification Letter.

12) Will combustible dust be generated on this premise (sawdust, fine metal shavings, grain processing/storage)? ○ Yes ◉ No
    a. If yes, attach required Occupancy Classification Letter.

13) Will there be any spray painting on premises? ○ Yes ◉ No

14) Food or beverages be manufactured, packaged, stored, distributed, sold, or prepared? ○ Yes ◉ No
    a. If yes, attach required Occupancy Classification Letter.

15) Will any manufacturing take place on the Premises? ○ Yes ◉ No
    a. If yes, attach required Occupancy Classification Letter.

16) Will liquid wastes sludge be generated which are not disposed of in the sewer system? ○ Yes ◉ No

17) Will the use involve Salvage yard or Metal Recycling operations? ○ Yes ◉ No

18) Will your business be a source of air pollution (City Ordinance #2015-11-19-0967)? ○ Yes ◉ No
    a. If yes, registration with the City of San Antonio's Air Pollution Control Program is required.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a certificate of occupancy does not presume to give authority to violate or cancel the provisions of any other state or local ordinances regulating construction, the performance of construction or the use of any land or buildings. All application fees for Certificate of Occupancy are non-refundable and due at the time of submission. The application review will not begin until all fees have been paid, addresses verified, and the additional documents, if required, are received.

Signature of Tenant/Applicant:_____ DATE:_____

*Applicant Name (Printed):*_____

For Permitting Office Use Only

Property Manager: _____Phone #: _____

Zoning _____Occupancy Classification:_____ Building/Space Use:_____

Special Conditions/Restrictions (see below)? ○ Yes ◉ No Is this a change of use? ○ Yes ◉ No

_____

_____

_____

Issuance of the Certificate of Occupancy is dependent on approval of all required inspections.

Submission accepted by:_____ Date:_____

Nathan Lester CBO, MCP, RAS
Port San Antonio Chief Building Official Permit No.:_____