



## Tenant Occupancy and Zoning Compliance Permit General Information

### **When is a Tenant Occupancy Permit required?**

Any time a new tenant moves into a commercial lease space, a new tenant takes over a commercial building, change of ownership or a change of use by the existing tenant, a Certificate of Occupancy shall be required. The purpose is to ensure that the proposed business is allowed in the zone in which it operates and that the building or lease space meets the requirements of the current zoning ordinance, building codes, as well as fire and life safety codes. Once the required inspections are approved, the City of Friendswood shall issue a Certificate of Occupancy to the tenant.

The business shall not operate without a Certificate of Occupancy.

### **Fee:**

The fee for this permit is \$75.00.

### **Required Inspections:**

Office uses located within office buildings that use a shared, main entrance will not require inspections provided that no alterations are made to the interior office area. The Planning Department and Fire Marshal's Office will determine whether or not inspections are required during the application review and notify the applicant.

When inspections are required, they will be as follows:

*Building Inspection* - checks building, electrical, plumbing and mechanical work to ensure that all aspects meet the minimum City code requirements; checks for handicap compliance, parking, and dumpster screening

*Fire Marshal* – checks for fire and life safety code requirements

It is the responsibility of the applicant to schedule inspections and re-inspections.

### **Electricity:**

As part of this application, if the electric meter has been disconnected or removed, an Electric Reconnect inspection is required first in order for the power company to reconnect the electricity. Once electricity is reconnected, the occupancy inspections can then be scheduled. If alterations of any kind need to be made to the electrical system, a licensed electrician must obtain a permit to do the work. Once approved, the inspection will be released to the proper energy provider.

### **Signs:**

A sign contractor must apply for a sign permit. Refer to the sign ordinance for regulations.

### **Health:**

If the business involves selling or serving perishable food, Galveston County Health District shall be contacted for necessary health inspections - 409-938-2411. Such businesses include, but are not limited to daycares, grocery stores, convenience stores, restaurants, etc.

# Tenant Occupancy Permit Application



Property Address: \_\_\_\_\_

Proposed occupancy type: \_\_\_\_\_

Square Footage of Business: \_\_\_\_\_

Previous occupancy type: \_\_\_\_\_

## Tenant Information

Proposed Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Property Owner Information, if different from Tenant

Property Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Will this establishment sell, serve or allow on premise consumption of alcohol?

Yes  No

Will you be adding/removing any walls within the lease space?

Yes  No

Do you have guard dogs on your business property?

Yes  No

Are there any hazardous materials stored at your place of business?

Yes  No

If yes, what type? \_\_\_\_\_

Do you have a burglar or fire alarm system at the place of business?

Yes  No

If yes, what type? \_\_\_\_\_

Please provide the name, address and phone number of alarm monitoring company:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY**

Permit # \_\_\_\_\_

Property Address: \_\_\_\_\_

Inspection Date: \_\_\_\_\_ Electric Transfer/Reconnect: YES NO

Current Zoning: \_\_\_\_\_ Permitted Use #: \_\_\_\_\_

Permitted Use Description: \_\_\_\_\_

**Tenant Occupancy Inspection Checklist**

<u>Exterior Inspections</u>	<u>Circle One</u>	<u>Comments</u>
Paved parking	OK N/A	_____
Striped parking spaces	OK N/A	_____
Standard Parking Spaces	Required _____	Provided _____
Handicap Parking Spaces	Required _____	Provided _____
Dumpster screening as required	OK N/A	_____
Sign(s) as permitted	OK N/A	_____
Address on building	OK N/A	_____
<u>Elect, Mech, Plbg Inspections</u>		
Existing lighting	OK N/A	_____
Electrical panel alterations	OK N/A	_____
Electrical fixtures & outlets	OK N/A	_____
Water heater inspection	OK N/A	_____
Water heater vent	OK N/A	_____
Grease trap	OK N/A	_____
Public restrooms	OK N/A	_____
Stairs	OK N/A	_____
Steps uniform	OK N/A	_____
<u>Handicap Inspections</u>		
Width of doors for wheelchair	OK N/A	_____
Handicap rails in restrooms	OK N/A	_____
Accessibility for service	OK N/A	_____
# of handicap parking spaces and signs	OK N/A	_____
Handicap ramps into building	OK N/A	_____
Handrail	OK N/A	_____
Handicap signs (interior)	OK N/A	_____

Building Inspector \_\_\_\_\_

Pass / Fail

Inspection Date \_\_\_\_\_