

## City of Justin Cert. of Occupancy Application

## For Inspections:

## **Countywide Inspection Service**

Email: countyinspections@gmail.com

Phone: (940) 521-0470

Call before 5:00 p.m. for next day inspections City Inspector: Chuck Sellers (817) 480-5448

Name of Business			Business Phone #	<b>‡</b>
Business Address			Business Email	
Property Legal Description: Lot #/Block #/S	ubdivision		Property Zoning	
Name of Business Owner/Tenant		Business Owner Address, City, State, Zip		
Driver's License # DOB I	DBA		Tax ID#	
Name of Property Owner				
Reason for Application:				
Change of occupant	Change of occupant New or structurally altered building			
Change in use of an existing building	Change in use of an existing building  Use of vacant land, except agriculture			
Change in use of land		Change in use	e of a noncomforming	g use
Other (Please explain):				
Application is hereby made to the City of Justi premises for:  I (We), understand that should said premises I Ordinance or any building, fire, sanitary, healt penalty in accordance with the provisions of the control	be used or occu h laws or ordina	pied in violation of th	is agreement or of a	the Zoning
Signature of Applicant				Date
Approved	Building	Official	Denied	
Fee Amount		Signature of Buildin	g Official	Date
Comments		Signature of Buildin	g Inspector	Date
		Signature of Fire Ins	spector	Date
**FOR OFFICE USE ONLY**				
Received By Date	e Received	Da	te Issued	
Date Paid	Cash CC	Check #(s):		