



105 N 4th Street, P.O. Box 349, Gunter, TX 75058-0349
Phone: 903.433.5185 Fax: 903.433.8039
Email: utilityclerk@ci.gunter.tx.us

Certificate of Occupancy Inspection Information

Note: A building permit is required for any alteration or construction work.

To receive an inspection for a Certificate of Occupancy, please adhere to the following steps:

- 1) Complete CO application- next page
- 2) Return application to city hall and pay \$150.00 permit fee.
- 3) Request a CO inspection from Bureau Veritas.
Phone: 817.335.8111 Toll Free: 877.837.8775
Fax: 817.335.8110 Toll Free: 877.837.8859
Email: inspectionstx@us.bureauveritas.com
- 4) Post your approved application in a visible location on the building. (Tape to door or window)
- 5) Ensure the building is accessible/unlocked between 8AM-5PM the day of the inspection.

The Certificate of Occupancy inspection is for life safety items and general maintenance.

Some common items noted during inspection are listed below.

This is not an all-inclusive list.

- ✓ Doors to the exterior should not have double key locks, slide bolts, or other locking devices other than a thumb turn lock or bolt.
- ✓ When required, illuminated exit signs must be in good working order.
- ✓ Address and suite number must be posted on the building in 6" minimum numbers on a contrasting background clearly visible from the street.
- ✓ Every space must have 24 hour access to the electric panel which serves the space.
- ✓ Missing circuit breakers or knockouts in electric panels and junction boxes must be filled.
- ✓ Broken or damaged electrical fixtures and cover plates must be repaired or replaced.
- ✓ New electrical fixtures and outlets must comply with the National Electric Code.
- ✓ House bibs should have vacuum breakers.
- ✓ Plumbing fixtures must be in good working order.
- ✓ Any unused plumbing must be capped.
- ✓ Gas appliances and heaters must be properly vented and installed.



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Certificate of Occupancy Application

Project Information

Name of Project: _____
 Project Address: _____ Sq Ft: _____
 Lot: _____ Block: _____ Subdivision: _____
 Intended Use of Space: _____
 Total Occupancy of Building: _____ Zoning District: _____

Owner Information

Company Name: _____ Contact Person: _____
 Street Address: _____
 Phone Number: _____ Email: _____

Tenant Information

Company Name: _____ Contact Person: _____
 Street Address: _____
 Phone Number: _____ Email: _____

Does your business involve the storage, sale, or use of the following (check all that apply):

- | | | |
|---|-----------------------|--|
| Painting with flammables | Combustible fibers | Cellulose nitrate film |
| Compressed gas | Liquid propane gas | Vehicle repair garage |
| Welding or cutting | Dry cleaning solvents | Dust producing process |
| Explosives/ammunition | Recycling waste | Magnesium |
| Vehicles in building | Woodworking | Floor drains in building |
| Food products | Smoking | Alcohol |
| X-ray development | | Fireworks |
| Flammable/combustible liquids (>10 gal) | | Food/beverage processing, storage, sales |
| High piled stock (>12' in height) | | Poisonous/hazardous chemicals/acids |

****PROVIDE CHEMICAL DATA SHEETS LISTING THE MAXIMUM QUANTITY OF ALL HAZARDOUS MATERIALS****

List any material discharged into the drainage system, ground, or atmosphere: _____



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Certificate of Occupancy Application

It shall be unlawful to use or occupy or permit the use or occupancy of any building or premises created, erected, changed, converted, altered, or enlarged in its use or structure until a Certificate of Occupancy has been issued by an administrative official. A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

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 or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____ Date: _____

Print Name of Applicant: _____

City Official Approval: _____ Date: _____

Inspector Approval: _____ Date: _____

City Permit #: _____ Inspector Project #: _____

For Office Use Only

Fee Received: _____ Check/Card: _____ Date: _____



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Fire and Life Safety Inspection Application

Please complete the application and return with payment to city hall.

Annual Fee: \$150.00

New Facility/First Inspection:

Annual Inspection:

Address: _____ Business/Facility Name: _____
City, State: _____ Zip: _____
Contact Name: _____ Phone: _____
Fax: _____ Emergency Phone: _____

Electric Provider: _____
Water Utility Provider: _____
Gas Provider: _____ Public Provider: _____ Propane: _____

Signature of Applicant: _____ Date: _____
Print Name of Applicant: _____

City Official Approval: _____ Date: _____
Inspector Approval: _____ Date: _____

Fee Submitted: _____ Date: _____ Received by: _____

City Permit #: _____ Inspector Project #: _____