



## Certificate of Occupancy / Completion Business License Guidelines

A Certificate of Occupancy is a document issued by the Department of Development Services that authorizes a building or structure to be used or occupied by the proposed use upon being inspected and found to be in compliance with the requirements of the 2012 International Building Code and all other City Ordinances.

### A Certificate of Occupancy / Business License is required for:

- A new building
- A new owner for an existing building, or business
- A new use, tenant, or occupancy in an existing building, or tenant space
- A remodeled, altered, or expanded building, or tenant space
- A change in name of an existing business
- A change in location of an existing business

### CERTIFICATE OF OCCUPANCY APPLICATION PROCESS

The owner and/or tenant must submit a completed Certificate of Occupancy application to the Building Inspections Department. The Certificate of Occupancy will be approved and issued when construction has been completed, all departments performing inspections have given their approval and a building final has been secured from Building Inspections and the Fire Marshal's office.

#### All others:

1. A complete application must be submitted to the Building Inspections Department along with a **\$25.00** application fee. Once all inspections have been conducted and the Certificate of Occupancy has been approved the license fee will be **\$50.00**.
2. A copy of driver's license or state/government issued photo I.D. is required. Additional information such as a copy of the business license (DBA from County, Inc., LP, LLC, etc.), copy of the tax permit/certificate, lease agreement and if you are the owner of the property a warranty deed will also need to be submitted.
3. A City Planner will review the application to identify the property's zoning district and determine if the proposed business type is an allowable use within that district. The Planner also inspects landscaping and signage to make sure it is in compliance with the City Ordinance. Please be aware that this department may take up to **3 business days** to complete this review.
4. If the proposed use is not in compliance with the current zoning district, this application will be cancelled and no further inspections will be conducted. If the proposed use is in compliance with the current zoning district, you will be contacted to schedule a time and date for the Building Official and the Fire Marshal to conduct an inspection. Additional inspections by Pharr Health Division will be required for food establishments. This process typically takes up to **10 business days**.
5. If violations are noted during the inspection process, a correction notice will be issued.
6. A Certificate of Occupancy will be issued when **all** departments performing inspections have given their **approval**. You will be notified when your Certificate of Occupancy has been issued. You are required to post your Certificate of Occupancy in a conspicuous location.



**Certificate of Occupancy / Completion  
Business License  
Application**

**PLEASE PRINT OR TYPE – INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

*Application is being made to the City of Pharr, Texas for the Certificate of Occupancy authorizing the use of building and/or land:*

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

Property Legal Description: \_\_\_\_\_

Description of Business (be specific): \_\_\_\_\_

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

Electrical ESID # or Account No: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Business Owner: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

I own the property  
(Provide copy of DBA/Articles, Tax Permit/Certificate and  
Warranty Deed)

I am leasing / renting the property  
(Provide copy of DBA/Articles, Lease Agreement and Tax  
Permit/Certificate)

**TYPE OF APPLICATION** (Check all that apply)       Existing Business / New Location       Name Change  
 New owner / New Business       New Owner / Existing Business       Building Expansion

**CHECK ALL FEATURES OF THE BUILDING AND/OR PROPERTY:**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Fire Alarm System     | <input type="checkbox"/> Hood Ansul System         | <input type="checkbox"/> Irrigation System       | <input type="checkbox"/> Sand Trap                 |
| <input type="checkbox"/> Fire Sprinkler System | <input type="checkbox"/> Above/Underground Tank(s) | <input type="checkbox"/> Backflow Devices        | <input type="checkbox"/> Swimming pool or spa      |
| <input type="checkbox"/> Standpipe System      | <input type="checkbox"/> Paint Booth               | <input type="checkbox"/> Grease Interceptor/Trap | <input type="checkbox"/> Interactive water feature |

**CHECK ALL ACTIVITIES WHICH WILL BE CONDUCTED ON THE PREMISES:**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Food or food products        | <input type="checkbox"/> Hotel / Motel                | <input type="checkbox"/> Petroleum products            | <input type="checkbox"/> Vehicle Parking   |
| <input type="checkbox"/> Restaurant                   | <input type="checkbox"/> Laundry/Clean-Press          | <input type="checkbox"/> Welding or cutting            | <input type="checkbox"/> Auto sales – <input type="checkbox"/> New <input type="checkbox"/> Used |
| <input type="checkbox"/> Grocery or convenience store | <input type="checkbox"/> Lithography / Print shop     | <input type="checkbox"/> Painting or coating           | <input type="checkbox"/> Auto parts/accessories – new  |
| <input type="checkbox"/> Alcoholic beverage sales     | <input type="checkbox"/> Pet shop                     | <input type="checkbox"/> Sanding, mill or woodcutting  | <input type="checkbox"/> Auto parts/accessories – used   |
| <input type="checkbox"/> Child care center            | <input type="checkbox"/> Industrial / Manufacturing   | <input type="checkbox"/> Furniture Sales               | <input type="checkbox"/> Brakes / muffler repair   |
| <input type="checkbox"/> School                       | <input type="checkbox"/> Parts or vehicle wash        | <input type="checkbox"/> Reclaiming waste materials    | <input type="checkbox"/> Engine repair   |
| <input type="checkbox"/> Church                       | <input type="checkbox"/> Flammable/combustible liquid | <input type="checkbox"/> Outside storage               | <input type="checkbox"/> Auto body repair  |
| <input type="checkbox"/> Office                       | <input type="checkbox"/> Compressed gases             | <input type="checkbox"/> Items stacked higher than 12' | <input type="checkbox"/> Auto painting   |
| <input type="checkbox"/> Retail                       | <input type="checkbox"/> Ammunition/fireworks         | <input type="checkbox"/> Tire sales / installation     | <input type="checkbox"/> State inspection  |
| <input type="checkbox"/> Medical                      | <input type="checkbox"/> Poisonous or hazardous       | <input type="checkbox"/> Tire storage                  | <input type="checkbox"/> Oil change / lube   |
| <input type="checkbox"/> Mortuary / Funeral home      | <input type="checkbox"/> Chemicals or Acids           | <input type="checkbox"/> Auto related business         | <input type="checkbox"/> Other: _____  |

I hereby certify that the information provided above is true and correct to the best of my knowledge. By signing this application I hereby grant the City of Pharr authorization to do the background and information check(s) necessary to process this application. I also hereby grant employees of the City of Pharr to enter the premises and conduct any inspections necessary to process this application. Alterations, changes or deviations from the plans authorized by this permit are unlawful without written authorization. The applicant hereby agrees to comply with all City Ordinances, Code, Subdivision Regulations, Restrictions, Local, State and Federal Laws and assumes all responsibility for such compliance. I understand that the City of Pharr does not enforce any private restriction, covenant rule, or regulation that may be imposed. If permit becomes invalid for any reason no refunds will be issued.

I further acknowledge that this application, and any permit, license, certificate, or issuance, may expire or be rescinded or terminated in accordance with Ordinance O-2015-08. I further release the City and any employee, official, or agent from any liability and damage, and I further waive any rights to file an action in any court of competent jurisdiction arising from this application and enforcement as necessary. I further acknowledge that any renewal application or any renewed permit, license, certificate, or issuance is also subject to Ordinance O-2015-08. I further release the City and any employee, official, or agent from any liability and damage upon renewal, and I further renew my waiver of any rights to file an action in any court of competent jurisdiction arising from renewal and enforcement as may necessary.

**I understand that before erecting or placing a sign on the property, I must obtain a permit and comply with Ordinance 2014-21.** \_\_\_\_\_ **Initial**

**Operation of a business without a Business License or Certificate of Occupancy may be punishable by a fine of up to \$200.00 per day of operation. I understand that upon completion of this Certificate of Occupancy, I have only 10 days in which to pick-up and display the Certificate of Occupancy permit or risk being fined.**

(Business Owner Signature)

(Date)

(Business Owner Print Name)

(Date)

\*\*\* FOR OFFICIAL CITY OF PHARR USE ONLY \*\*\*

- PERMITS       \$25.00 PROCESSING FEE       COPY OF DRIVERS LICENSE OR STATE/GOVERNMENT PHOTO I.D.
- TAX CERTIFICATE       WARRANTY DEED       COPY OF DBA OR ARTICLES (LLC, LP, INC)       LEASE AGREEMENT

Application was received by: \_\_\_\_\_ Date: \_\_\_\_\_

- PLANNING DEPARTMENT       NEW CONSTRUCTION       EXISTING BUILDING

1. Does the zoning allow the proposed type of new business?  YES       NO
2. Is the landscaping adequate?  YES       NO
3. Is the address visible?  YES       NO
4. Will proposed business require a special permit (C.U.P., A.B.C., etc.)?  YES       NO
5. Does the property have adequate paved off-street parking and loading facilities?  YES       NO
6. Is the signage in compliance with city ordinances? \_\_\_\_\_  YES       NO

Please note deficiencies on inspection report: 1. \_\_\_\_\_

	2. _____
	3. _____
	4. _____
	5. _____
	6. _____
	7. _____
	8. _____
	9. _____
	10. _____

- APPROVED       DENIED       PENDING      \_\_\_\_\_ SIGNATURE      \_\_\_\_\_ DATE
- RE-INSPECTION       APPROVED       DENIED      \_\_\_\_\_ SIGNATURE      \_\_\_\_\_ DATE

BUILDING SAFETY

1. Is the building in compliance with the most current adopted building codes?  YES       NO
2. Are there any code compliance issues that need to be resolved prior to issuance of Business License or Certificate of Occupancy?  YES       NO
3. Is the premise clean and the trash dumpster installed and in good working condition?  YES       NO

Please note any deficiencies on inspection report: \_\_\_\_\_

- APPROVED       DENIED       PENDING      \_\_\_\_\_ SIGNATURE      \_\_\_\_\_ DATE
- RE-INSPECTION       APPROVED       DENIED      \_\_\_\_\_ SIGNATURE      \_\_\_\_\_ DATE

FIRE DEPARTMENT

1. Does building comply with relevant fire code regulations?  YES       NO

Please note deficiencies on inspection report: \_\_\_\_\_

- APPROVED       DENIED       PENDING      \_\_\_\_\_ SIGNATURE      \_\_\_\_\_ DATE
- RE-INSPECTION       APPROVED       DENIED      \_\_\_\_\_ SIGNATURE      \_\_\_\_\_ DATE

HEALTH DIVISION

1. Will business be serving any consumable items?  YES       NO
2. Is a health permit required?  YES       NO
3. Are food managers / handlers certificates required?  YES       NO
4. Is business in compliance with  all /  most health requirements?  YES       NO

Please note deficiencies on inspection report: \_\_\_\_\_

- APPROVED       DENIED       PENDING      \_\_\_\_\_ SIGNATURE      \_\_\_\_\_ DATE
- RE-INSPECTION       APPROVED       DENIED      \_\_\_\_\_ SIGNATURE      \_\_\_\_\_ DATE