



Certificate of Occupancy Permit

City of Mexia
Building Department
 101 N McKinney Mexia, Texas 76667
 Office #: (254) 562-4184
 Fax #: (254) 562-0828
permits@cityofmexia.com

Project Address:			Date:
Block:	Lot:	Property ID:	Zoning:
Property Owner:			Phone:
Type of Permit (check all that apply): <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Occupant <input type="checkbox"/> Change of Name <input type="checkbox"/> In-home daycare: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Business Name:		Previous Business:	
Type of Business:		Use of Space:	
Location:			
Square Footage:		Lot Size:	
<u>Fire Sprinkled</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Fire Alarm</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>RPZ Installation</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Grease Trap</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
A separate permit is required for each tenant space and/or building			
AN ISSUED PERMIT BECOMES INVALID IF THE WORK ON THE SITE AUTHORIZED BY THE PERMIT DOES NOT COMMENCE WITHIN 180 DAYS OF ISSUANCE, OR IF THE WORK ON THE SITE IS INCOMPLETE DUE TO SUSPENSION OR ABANDONMENT 180 DAYS AFTER THE WORK COMMENCED. ALL PERMITS REQUIRE A FINAL INSPECTION.			
I HEREBY CERTIFY THAT I AM AN AUTHORIZED AGENCY OF THE OWNER, AND HAVE THE OWNER'S CONSENT TO ENTER ONTO THE PROPERTY TO COMPLETE THE WORK. AFTER CLOSE REVIEW OF THIS APPLICATION, I FURTHER CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THE WORK SHALL COMPLY WITH ALL PROVISIONS OF LAWS AND ORDINANCES, WHETHER SPECIFIED OR NOT. THE GRANT OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY FEDERAL, STATE, OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.			
Printed Name of Applicant: _____		Date: _____	
Signature of Applicant: _____		Phone # (____) _____ - _____	
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.			
Office Use Only			
Inspection Dept	Signature	Approved?	Date
City Inspector		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fire Marshal		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Health Dept		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Permit #: _____		Approved By: _____	
		Date Issued: _____	