

City of Saginaw
Permit Department
301 S Saginaw Blvd
Saginaw, Texas 76179
817-230-0453 Fax 817- 232-8565
permits@saginawtx.org



City of Saginaw

Permit Date: _____
Permit #: _____
CO #: **CO-** _____
Bus Entity #: _____

CERTIFICATE OF OCCUPANCY & FIRST YEAR BUSINESS PERMIT

Permit Address:			
Lot:	Block:	Addition:	Zoning:

***Must provide Zoning Verification letter – contact P&Z: 817-230-0440 pz@saginawtx.org.**

SQUARE FOOTAGE INFORMATION

Retail/Office Area:	Storage/Warehouse Area:	Total Area:
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PROPERTY OWNER INFORMATION

Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	

OCCUPANCY INFORMATION (name to be displayed on the business sign and Certificate of Occupancy)

Business Name:		
Business Phone:		
Mailing Address:		
Mailing City:	Mailing State:	Mailing Zip:
Email:		
Website:		

BUSINESS OWNER INFORMATION

Business Owner's Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	

STATE TAX ID INFORMATION

State Sales Tax ID Number:	
Taxpayer Business Name:	
Registered Agent's Name:	
Phone:	Email:

BUSINESS MANAGER INFORMATION (must be a local contact)

Name:	
Phone:	Email:

BUSINESS INFORMATION (detail description of all business activities at this location)

Type of Business:	
	# of Employees:

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CERTIFICATE OF OCCUPANCY PERMIT & FIRST YEAR BUSINESS PERMIT APPLICATION

DOES THIS BUSINESS INVOLVE THE STORAGE, SALE, OR USE OF THE FOLLOWING?

Food Products?	YES ☐ NO ☐	Made On Premise ☐	Prepackaged Off Premise ☐
Alcoholic Beverages?	YES ☐ NO ☐	Consumed On Premise ☐	Consumed Off Premise ☐
Drive-Through Window?	YES ☐ NO ☐	Dust Producing Equipment or Materials?	YES ☐ NO ☐
Flammable or Combustible liquids?	YES ☐ NO ☐	Explosives or Ammunition?	YES ☐ NO ☐
Poisonous or Hazardous Chemicals?	YES ☐ NO ☐	Fumigation?	YES ☐ NO ☐
Compressed Gases?	YES ☐ NO ☐	Woodworking or Refinishing?	YES ☐ NO ☐
Painting with Flammable Paints?	YES ☐ NO ☐	Outdoor Storage of Materials?	YES ☐ NO ☐
Garage or Vehicle Repair?	YES ☐ NO ☐	Outdoor Display of merchandise?	YES ☐ NO ☐
Reclaiming Waste?	YES ☐ NO ☐		

UTILITY STATUS (utilities must be on for inspection)

Electric: ON ☐ OFF ☐	Water: ON ☐ OFF ☐	Gas: ON ☐ OFF ☐ N/A ☐
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BUILDING STATUS:

Will the space be remodeled? YES ☐ NO ☐ – If yes, describe the work to be done:
Submit construction plans to Saginaw Building Department: permits@saginawtx.org https://www.saginawtx.org/departments/building_inspections___permits/permits___forms.php
Submit restaurant construction plans to Tarrant County Health Department 817-248-6299. Restaurants will require a Tarrant County Health Department Inspection prior to CO issuance.

Applicant Signature:	
Printed Name:	Date:

FOR OFFICE USE ONLY

Occupancy Group:		Fire Sprinkler:	YES ☐ NO ☐
Construction Type:		Any Non-Conforming Use:	YES ☐ NO ☐
Occupancy Load:		Need Health Department Inspection:	YES ☐ NO ☐

Comments:	
Inspector Approval:	Date: