



CITY OF BULVERDE 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” it is important that the following instructions are followed:

1. Submit a completed Application for Certificate of Occupancy along with a Fire and Life Safety Inspection Registration form.
2. Pay \$300.00 application fee.
3. Contact the City of Bulverde Permitting Department to schedule inspection(s) no more than one day in advance. Inspections must be called in by 4:00 p.m. Monday—Friday. *Please be advised that our inspection company requires a 72-hour advance notice to schedule fire inspections, which is part of the occupancy inspection.*
4. The space or building must be accessible between the hours of 8:00 a.m.—5:00 p.m. Monday through Friday.

The Certificate of Occupancy inspection is an inspection for life safety items and general maintenance. Some common items noted during inspection are listed below. This list is not intended to be an all-inclusive list.

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



CITY OF BULVERDE APPLICATION FOR CERTIFICATE OF OCCUPANCY

PROJECT INFORMATION	PERMIT #: _____
PLEASE CHECK ONE: NEW FACILITY / FIRST INSPECTION <input type="checkbox"/> ANNUAL INSPECTION <input type="checkbox"/>	
PROPERTY NAME/DESCIRPTION: _____	
PROJECT ADDRESS: _____	
SUBDIVISION / AREA NAME: _____	

OWNER INFORMATION	
NAME: _____	
ADDRESS: _____	
CONTACT PERSON: _____	PHONE: _____
CELL PHONE NUMBER: _____	FAX: _____

TENANT INFORMATION	STATE SALES AND USE TAX ID NUMBER: _____
COMPANY NAME: _____	
ADDRESS: _____	
CONTACT PERSON: _____	PHONE: _____
CELL PHONE NUMBER: _____	FAX: _____
** ATTACH PROOF OF UTILITY SERVICE TO THIS APPLICATION (STATEMENT OR LETTER)	

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.

All permits require final inspection.

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: _____

Application approved by: _____ Date: _____

CERTIFICATE OF OCCUPANCY FEE: **\$ 300.00** DATE PAID: _____ RCT #: _____

* * The Tenant must provide the City of Bulverde with their Sales and Use Tax ID number and proof of utility services prior to receiving a Certificate of Occupancy. Without proof of this information a Temporary Certificate of Occupancy, valid for up to 30 days, will be issued. Upon receipt of the required information, and after inspections, a permanent Certificate of Occupancy will be issued.



CITY OF BULVERDE FIRE AND LIFE SAFETY INSPECTION REGISTRATION

PLEASE CHECK ONE OF THE FOLLOWING: New Facility / First Inspection <input type="checkbox"/> Annual Inspection <input type="checkbox"/>
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ADDRESS: _____
BUSINESS/FACILITY NAME: _____
CITY, STATE: _____ ZIP: _____
PHONE NUMBER: _____ CONTACT NAME: _____
ALT PHONE: _____ FAX NUMBER: _____
EMERGENCY PHONE: _____
ELECTRIC SERVICE PROVIDER: _____
WATER SERVICE PROVIDER: _____
GAS SERVICE PROVIDER: _____

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY:
Received by: _____ Date: _____
Inspection Date: _____ Inspection Result: _____