



P.O. Drawer 400 2665 San Angelo
Ingleside, TX 78362
Phone: 361-776-3815 Fax: 361-776-1027

CERTIFICATE OF OCCUPANCY APPLICATION

Application Fee (\$70)

Permit #: _____

Type of Occupancy (Please check one)

Residential () Commercial () Professional () Retail/Mercantile ()
Factory/Industrial () Assembly () Institutional () Educational ()

****You may be required to furnish a floor plan in order to process your application****

SITE ADDRESS: _____

ESI# _____

TYPE OF BUSINESS: _____

BUSINESS NAME: _____ BUSINESS PHONE# _____
(Your Business or Employer)

APPLICANT NAME: _____
(First Name) (Middle) (Last Name)

MAILING ADDRESS: _____
(Address) (City/State/Zip)

HOME PHONE #: (_____) _____ CELL PHONE#: (_____) _____
(Area Code) (Number) (Area Code) (Number)

Applicant Signature: _____ Reviewed By: _____ Date: _____