

**COMMERCIAL CERTIFICATE OF OCCUPANCY APPLICATION
CITY OF RIVER OAKS
4900 RIVER OAKS, TX 76114
817-626-5421 ext. 329**

Please Print

Property Address: _____ Square Footage: _____

Name of Business: _____

Name of Applicant: _____

Mailing Address: _____

Phone Number: _____ Alternate Phone Number: _____

Property Owner's Name: _____

Commercial Usage: _____

_____ I understand that if the initial Certificate of Occupancy inspection reveals violations, **compliance must be met within 30-days from the date of the initial inspection.** It is the responsibility of the applicant/owner to call the Inspection Department to schedule a reinspection if necessary. If compliance is not met within the 30-days allowed, a re-inspection fee of \$40.00 will be required and/or the applicant and/or owner may be subject to the issuance of a municipal citation and/or the utilities may be disconnected at the discretion of the Inspector. Upon re-inspection, the property must be in full compliance or the applicant and/or owner will receive a municipal citation and/or the utilities will be disconnected.

_____ I understand that a permit application is required for all signage on commercial property.

Signature of Applicant

Date

Permit # _____
Appointment Date and Time: _____ If you fail to show up at your appointment date and time, a re-inspection fee will be charged.
Authorized City Official: _____



4900 River Oaks Boulevard  River Oaks, Texas  76114

Mayor
Herman D. Earwood

City Council
Mayor Pro Tem/Place 2
Steve Holland

Place 1
JoAnn Butler

Place 3
Bruce Scott

Place 4
Joe Ashton

Place 5
JoAnn Gordon

City Secretary
Marvin Gregory

Fire Chief
Russell Shelley

Police Chief
Avin Carter

Public Works Director
James Hatley

Library Director
Veronica Clark

Phone
(817) 626-5421

Fax
(817) 624-2154

Website
www.riveroakstx.com

BUSINESS OWNER:

The City of River Oaks Police Department is requesting your assistance in updating the emergency after hours contact numbers for your business. If you would please fill out the After Hours Contact Form below and return it to:

**CITY OF RIVER OAKS
% RIVER OAKS POLICE DEPT.
4900 RIVER OAKS BLVD.
RIVER OAKS, TEXAS 76114**

BUSINESS AFTER HOURS EMERGENCY CONTACT NUMBERS

BUSINESS ADDRESS: _____

NAME OF BUSINESS: _____

PHONE NUMBER OF BUSINESS: _____

BUSINESS OWNER: _____

AFTER HOURS CONTACT PHONE NUMBER: _____

CELL PHONE NUMBER: _____ **FAX NUMBER:** _____

EMAIL ADDRESS: _____

ALTERNATE CONTACT PERSON: _____

ALTERNATE PHONE NUMBER: _____

ALARM COMPANY: _____ **PHONE NUMBER:** _____

ADDITIONAL INFORMATION: _____

(Signature of Business Owner)

(Printed Name)

DATE: _____