DEVELOPMENT SERVICES DEPARTMENT

Permits and Inspections Division
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COMMERCIAL CHANGE OF OCCUPANT

Allow Up To Seven (7) Business Days for the Review of This Document

This form may be emailed, faxed, mailed, or submitted in person.

Address of Business		Name of Proposed Business	
Legal Description	Zoning District	Subdivision (if any)	Name of Shopping Ctr.
Owner of Building	Mail Address	Zip	Phone
Name of Proposed Occupant (Tenant)	Mail Address	Zip	Business Phone
What name will the Electrical Service bill be in? (must be the exact name you have given to Electrical Provider)			
Type of Proposed Business (please be specific)		Occupancy Group **(Office Use Only)**	
Previous Business		Occupancy Group **(Office Use Only)**	
Business Hours	Anticipated Date of Move-In	Number of Employees	
Are you locating this business from another Missouri City Location? Yes or No (please circle one)			
DESCRIBE BUSINESS IN DETAIL: (INCLUDE ALL ACTIVITIES)			
Applicant Printed Name	Applicant Contact Number	E-mail Address	

Square Footage of Space:_____

Have you checked with Utility District for additional requirements?

_____Yes _____ No

Do you plan any changes?

___Structure ___ Plumbing ___ Electrical ___A/C __Other

Prior to Issuance of a Certificate of Occupancy: General electrical/occupancy inspections must be approved to have permanent electrical service, and occupy the building/space.

I am aware that I must apply for and receive a sign permit before I erect any sign in Missouri City.

_____ _____

Applicant Date

FOR OFFICE USE ONLY:

____ $25 Site Inspection
____ $50 General Electric Only (Owner Name Change)
____ $100 Occupancy Inspection

PSR _____ Date _____

Permit Number _____

This is a conditional Certificate of Zoning Compliance

Planning Approval _____ Date _____

Health Reviewed _____ Date _____

Building Official _____ Date _____

D.S. Director _____ Date _____

Revised 4-4-2019