



## CERTIFICATE OF OCCUPANCY

211 E PLEASANT RUN RD.  
DESOTO TEXAS 75115  
972-230-9610

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## CERTIFICATES OF OCCUPANCY

### **A. General Information**

A Certificate of Occupancy is a document issued by the City of DeSoto authorizing a building or space to be occupied. Prior to the issuance of a Certificate of Occupancy, several departments will inspect the location to determine compliance with regulations required by the City of DeSoto. For a list of items commonly inspected by each area, please see Section G below.

A Certificate of Occupancy (C.O.) is required any time there is a:

- Change of ownership
- Change of tenant
- Business name change

No building or structure can be used or occupied until the City of DeSoto has issued a Certificate of Occupancy. For buildings with multiple tenants, each tenant space must obtain their own Certificate of Occupancy.

The original Certificate of Occupancy must be posted in a clear, visible place on the premises.

### **B. Application**

For all Certificates of Occupancy, the **tenant** must submit an application for a Certificate of Occupancy. Applications from contractors will not be accepted. The application must be completely filled out and can be submitted via email to: [buildinginspections@desototexas.gov](mailto:buildinginspections@desototexas.gov). Alternatively, applications may be filled out and submitted in person at our office at 211 E Pleasant Run Rd. Our office is open Monday – Friday from 8:00 – 5:00.

1. Submittal: (PDF format)
  - a. Site plan: showing all setbacks, streets, parking and access to building
  - b. Layout of space (square foot of rooms, walls, doors, windows, etc.)
  - c. Location of electrical panel/disconnects
  - d. Location of mechanical units/water heater
  - e. any other pertinent information

### **C. Fee**

The fee for a Certificate of Occupancy is \$200.00

### **D. Process**

Once we receive the application for a Certificate of Occupancy, we will:

1. Review the application to verify that all required information has been provided.
2. Verify that the proposed use is allowed on the proposed property based on current zoning of the property.
3. If the proposed use is allowed on the proposed property, we will send a link for payment. The next step is for inspections to be conducted by the following areas (A checklist of common inspection requirements for each area can be found in Section G below):

Building Safety  
Fire Safety  
Health and Food Safety  
Planning & Zoning



## CERTIFICATES OF OCCUPANCY

### **E. Issuance of the Certificate of Occupancy**

A Certificate of Occupancy will not be issued until inspections have been conducted and approved by all areas listed below:

- Building Safety
- Fire
- Health (If applicable – Food Establishments)
- Planning & Zoning

### **F. Conditional Certificates of Occupancy**

1. Although the City of DeSoto typically requires all work to be completed before the issuance of any type of Certificate of Occupancy, there are times when it may be appropriate or necessary to issue a Conditional Certificate of Occupancy. Those types of conditions could include:
  - The need to stock the building or space.
  - The need to train personnel before opening to the public.
  - The need to plant or re-plant landscaping during a time of the year where survival of the plants is deemed questionable by the Parks Department
2. Final determination regarding the issuance of a Conditional Certificate of Occupancy will be at the discretion of the City of DeSoto Building Official.
3. The fee for a Conditional Certificate of Occupancy is \$100.00. This fee is in addition to the fee required for the permanent Certificate of Occupancy.

### **G. Certificate of Occupancy Inspection Checklists**

The checklists listed below contain a list of the items most commonly encountered when a Certificate of Occupancy inspection is performed. Other items, in addition to the items listed below, may also be required to comply with City of DeSoto policies and ordinances.

Please be aware that the space being inspected must be ready for inspection. If any of the inspectors performing the inspection determines that the space is clearly not ready for inspection, a re-inspection fee can be assessed by each inspector. Re-inspection fees are \$50.00 for the first occurrence and \$100.00 for each occurrence thereafter.

If multiple COs are requested for the same project, please make sure that you group CO inspections together. For instance, do not call one area in today and a different area in two days later.

#### **1. Building Safety**

The initial inspection will be scheduled two (2) days after receipt of fee payment. Re-inspection will need to be scheduled by the occupant by calling the main number at, 972-230-9610. No same day inspections will be performed.

**CERTIFICATE OF OCCUPANCY NEEDS TO BE COMPLETED WITHIN 60 DAYS OR IT BECOMES NULL AND VOID**



## CERTIFICATES OF OCCUPANCY

### a. Exterior of the Building

- ☐ Check for Posted Numeric address numbers facing street that are at least 4 inches in size
- ☐ Check the overall condition of the exterior of the Building/Structure
- ☐ Check location and terminations of the Water Heater T/P discharge, Water Heater pan drain and primary/secondary condensate drain lines for the HVAC equipment
- ☐ Check for exposed or unsafe electrical wiring
- ☐ Verify electrical service installation, location and check for hazardous conditions
- ☐ Check A/C condenser equipment for insulation on refrigerant lines and if ports are exposed, install locking/tamper proof caps on refrigerant ports
- ☐ Verify all exterior doors into building or suite are labeled with the numeric address numbers on the exterior side of the door
- ☐ For multi-tenant buildings, verify that the address (including suite number) is permanently attached to both the electrical meter and gas meter.
- ☐ Note: If the gas has been turned off a Plumbing permit is required. Gas service will not be restored without a gas test that is verified and approved by a City of DeSoto inspector. Once verified and approved, a release will be provided to Atmos.

### b. Interior: Electrical, Plumbing and Mechanical Systems

- ☐ Verify interior electrical panel location, panel is properly labeled for identification, panel cover is secured in place with no missing screws, all breakers are installed in correct locations and permanently labeled. Install blank covers in open breaker panel slots that are not in use.
- ☐ Verify electrical panel locations are not blocked or covered and have a minimum of 3-foot clearance on all sides
- ☐ Verify all electrical outlets, switches, fixtures and etc. are installed correctly with no exposed or hazardous wiring.
- ☐ Check for unsafe or exposed NM Cable (Romex), wiring and that no extension cords are used as permanent wiring
- ☐ Verify all lavatory and sink fixtures installed inside the building have working/running tempered water to the faucets and have approved traps installed to prevent sewer gas infiltration
- ☐ Verify all plumbing fixtures are installed correctly and are in working condition
- ☐ Verify handicap restroom requirements if applicable
- ☐ Verify urinal and/or water closet partitions are installed per the Plumbing Code
- ☐ Verify restroom exhaust fans are installed, cleaned and working correctly
- ☐ Verify HVAC equipment locations, check return air locations, verify all grills/registers are cleaned and installed correctly
- ☐ Verify HVAC unit installation location, electrical connection with equipment disconnects, gas pipe line connection with hard pipe connection through metal shell of the unit, 1" minimum vent clearance to combustible materials, vent connections, vent supports and vent termination



## CERTIFICATES OF OCCUPANCY

- ☐ Verify HVAC condensation drain connections, gravity fall on drain pipe to drain, termination locations and secondary drain installed. Down-Flow units require float switch on secondary drain
- ☐ Verify gas water heater exhaust vent clearance to combustibles, vent connections, vent support and vent termination
- ☐ Verify gas pipe connections, any safety hazards
- ☐ Verify water line connections with no visible leaks
- ☐ Verify temperature and pressure relief valve is installed with drain line connection and termination location to code
- ☐ Verify water heater pan drain line installed and termination location, if pan is installed
- ☐ Verify electrical connections for water heater
- ☐ Verify NM cable to water heater is installed in conduit
- ☐ Verify water heater has a disconnect or is in sight of panel with lock out installed on breaker
- ☐ Verify disconnect breaker size for water heater and HVAC system is compatible

### c. Interior: Life Safety and Other

- ☐ Verify Exit door locations, posted exit signage, exit pathway distance and all other Exit egress requirements per the Building Code
- ☐ Verify panic hardware installed on doors where required
- ☐ Verify emergency lighting is installed per code
- ☐ Verify “type of use” of building for exit requirements
- ☐ Replaced damaged or missing ceiling tiles and ceiling grid
- ☐ Replace or repair damaged sheetrock in walls, ceiling or other locations
- ☐ Verify backflow device installations where required and
- ☐ the device is tested and in working condition, new testing of device may be required if testing date cannot be verified

## 2. Fire Safety

To request this inspection email Fire Marshal at [bfreeman@desototexas.gov](mailto:bfreeman@desototexas.gov) or call (972) 979-9591

### a. Fire Extinguishers

- ☐ A Fire extinguisher is needed for every 3,000 sq. ft. (2A:10BC)
- ☐ No more than 75 feet travel distance from an extinguisher
- ☐ All fire extinguishers have current inspection tags mounted, visible and accessible

### b. Means of Egress

- ☐ Exit/Egress lights must be working with primary power and battery backup
- ☐ Exits must be lit and visible and emergency lights are to illuminate the path of egress (walkway)
- ☐ No blocked or locked exits from either side of door
- ☐ Exit Doors must meet all code compliance. Full swing of door required with light pressure to open
- ☐ No sliding bolt locks on exit doors



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### c. Systems

- ☐ No storage within 18" below lowest level of sprinkler heads
- ☐ Fire Alarm, Sprinkler or Vent-a-Hood system with current tags
- ☐ Fire hydrant(s) and Fire Department Connections unobstructed
- ☐ Kitchen hood tagged with current cleaning date and name of cleaning company

### d. Miscellaneous

- ☐ Gas cylinders secured with chain or strap
- ☐ No combustible materials around water heater/heating units
- ☐ No extension cords used as permanent wiring
- ☐ No combustible storage within 2 feet of ceiling (Un-sprinkled Building)
- ☐ Electrical Panel(s) have a minimum 3-foot clearance on all sides
- ☐ Address with visible building numbers (4" numbers facing the street)
- ☐ Unsafe/Exposed wires, outlets, fixtures are prohibited
- ☐ Fire lane is properly striped and formatted

### 3. Health and Food Safety

To schedule this inspection, email John Malvern at [jmalvern@desototexas.gov](mailto:jmalvern@desototexas.gov) or call (972) 230-7308

- ☐ Smooth, non-absorbent, easily cleanable and light in color (60 LRV)
- ☐ Floors – to meet FDA code
- ☐ Walls – to meet FDA code
- ☐ Ceilings – to meet FDA code
- ☐ Air curtains
- ☐ Self-closing Doors
- ☐ Screened Windows
- ☐ Mechanical Dishwashers – Heat/Chemical, in proper working order
- ☐ Dish wash sink (100° minimum temp requirements)
- ☐ Sinks
  - ☐ Ware wash sink (100° minimum temp requirements) (3-comp sink)
  - ☐ Hand wash sink (100° minimum temp requirements)
  - ☐ Utility Sink with sanitizing agent present
  - ☐ Mop sink with backflow preventer
- ☐ Hot (100° minimum temp requirement) and cold water
- ☐ Utility Sink with sanitizing agent present
- ☐ Exhaust vents
- ☐ Properly stored chemicals
- ☐ Liquid wastes, required interceptors and traps
- ☐ Floor drains
- ☐ Air gaps
- ☐ Black siphonage/back flow



## CERTIFICATES OF OCCUPANCY

- ☐ Lockers for employees
- ☐ Garbage storage rooms/cans
- ☐ Dumpsters & compactors
- ☐ Parking lot & walkways
- ☐ Thermometers in coolers and freezers
- ☐ Water heater, properly sized
- ☐ All coolers in working order (41° or lower)
- ☐ Self-closing bathroom doors
- ☐ Trash cans with lids in restroom

### 5. Planning and Zoning

- ☐ To schedule this inspection, email Trent Carroll at [tcarroll@desototexas.gov](mailto:tcarroll@desototexas.gov) or call (972)230-9622  
Verify required site landscaping is present and in good condition
- ☐ If landscaping and irrigation plans were required, all landscaping and irrigation installed must match the plans and be in full compliance with the City of DeSoto landscape ordinance
- ☐ Verify site plan, landscape plan, façade plan(s), and floor plan have been adhered to
- ☐ Verify parking meets site plan (striped and marked as required)  
Dumpster enclosure has been provided and meets screening requirements  
Verify all zoning conditions have been met (usually only applicable for Planned Development Districts)

**OPERATING A BUSINESS WITHOUT A CERTIFICATE OF OCCUPANCY POSTED ON SITE IS A VIOLATION  
OF CITY OF DESOTO ORDINANCE**

### BUILDING INSPECTION SCHEDULE BASED ON TWO DAYS AFTER PAYMENT DATE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WEDNESDAY	THURSDAY	FRIDAY	MONDAY	TUESDAY

*I certify that all information contained herein is true and correct to the best of my knowledge and I understand that failure to make full disclosure may result in revocation of the Certificate of Occupancy.*





# APPLICATION FOR CERTIFICATE OF OCCUPANCY

Page 1

Part 1. Business Location Information		Part 2. Business Owner Information
Name of Business (DBA)		Name of Business Owner:
Street Address:	Suite #:	Address of Business Owner:
Square footage of building/space:	Number of Employees:	Driver's License Number:
Contact Person:	Telephone of Business:	Email Address:
Additional Contact:	Additional Telephone:	Email Address:
Name of Property Owner		Phone number of Property Owner:
Street Address of Property Owner		Email Address of Property Owner:

Part 3. Description of Business Activity		
<b>A. Type of Certificate of Occupancy</b>		<b>B. Type of Business</b>
<input type="checkbox"/> New Occupancy	<input type="checkbox"/> Expanding Sq/Ft	<input type="checkbox"/> Aircraft <input type="checkbox"/> Food/Restaurant <input type="checkbox"/> Multi-Family
<input type="checkbox"/> Change of Use		<input type="checkbox"/> Assembly <input type="checkbox"/> Industrial <input type="checkbox"/> Office
<input type="checkbox"/> Change of Ownership		<input type="checkbox"/> Automotive <input type="checkbox"/> Lodging <input type="checkbox"/> Retail Sales
<input type="checkbox"/> Change of Business Name		<input type="checkbox"/> Education <input type="checkbox"/> Medical <input type="checkbox"/> Warehouse
<input type="checkbox"/> Other Describe:		<input type="checkbox"/> Other (describe):

C. Check Yes or No to the following questions:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Will flammable or combustible liquids be stored, used, mixed or dispensed at this location? If so, attach description and quantities. Also, please attach SDS sheets for each material.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Will Hazardous or toxic chemicals such as, but not limited to, oxidizers, corrosive liquids, poisonous gases, radioactive, explosive, and organic materials be handles? If so, attach description and quantities.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Will any of the following industrial processes be performed on the premises? Please check all applicable activities.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Will any liquid waste or sludge be generated which are not disposed of in the sewer system?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Will there be any spray painting on the premises?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Will food or beverages be manufactured, stored, distributed, or sold in any manner other than in vending machines?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Will any form of wastewater pre-treatment be utilized at this location?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Will any goods, merchandise or raw materials be stored or displayed outdoors?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Will alcoholic beverages be sold?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Will any sign be erected or changed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Will the facility be remodeled, renovated or altered?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Will any electrical or plumbing fixture be installed or relocated?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Will the building be equipped with an automatic fire sprinkler system?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Will the building be used as a daycare? _____ # of students, _____ # of teachers, _____ # of vehicles	
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Will the building be used to provide maintenance of aircraft?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Will a medical gas piping system be installed or modified?	

Printed Name of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Email: \_\_\_\_\_ Telephone: \_\_\_\_\_





## APPLICATION FOR CERTIFICATE OF OCCUPANCY

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### Please answer the following questions for Zoning Review

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company Website: \_\_\_\_\_

Brief a Description of the Business:

Please provide a brief description of the intended use of the space and how it will be utilized (offices, lobby, retail, showroom, storage, warehouse, assembly, production, etc.) for which you are applying for a Certificate of Occupancy. Please provide a floor plan as an attachment with each room labeled.

In signing below, I certify that the information I have provided is true and acknowledge that any misrepresentation of my declared use of this space will result in the **REVOCATION** of the Certificate.

Business Owner Name (printed): \_\_\_\_\_

Business Owner Signature: \_\_\_\_\_

Business Owner Email: \_\_\_\_\_

Business Owner Telephone: \_\_\_\_\_

**OFFICE USE ONLY:**



# APPLICATION FOR CERTIFICATE OF OCCUPANCY

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*Zoning District:* \_\_\_\_\_

*Use Classification:* \_\_\_\_\_

*Parking Required:* \_\_\_\_\_

*Parking Available:* \_\_\_\_\_

☐ APPROVED

☐ DENIED

Planning: \_\_\_\_\_

Date: \_\_\_\_\_