



Certificate of Occupancy Application

Permit No. _____

Name of Business, DBA: _____

Business Address: _____ Suite: _____ Zip: _____

Business Contact/Owner Name: _____ Business Owner Phone#: _____

Business Contact Phone#: _____ Business Contact Email: _____

Check Applicable Box: Change of Occupancy Change of Name Change of Ownership

Primary Use of the Building (Be Specific): _____ # of Employees _____

Total Occupied Area in Sq. Ft. _____ Business Hours _____ Fire Sprinkler? Yes No

Please provide a copy of your Texas Sales & Use Tax Permit when submitting which lists the Town of Fairview

Sales Tax # _____ (11 DIGITS EX: X-XX-XXXXXXXX-X)

Does your occupancy involve any of the following?

- Alcoholic Beverages Coin Operated Games (8 Liners, Etc. How many?) Daycare
- Semi-Conductor Compressed Gasses Explosives/Ammunition/Fireworks
- Reclaiming Waste Materials Assisted Medical Care Office (More than 5 Patients)
- Spray Painting Welding or Open Flame Woodworking/Dust Producing Equipment
- Other Hazards (Specify) _____ Food and/or Beverage processing, Storage or Sales
- 12 Ft. Height (Inside Building) Outdoor Vehicle Service/Garage Vehicle Repair
- Poisonous or Hazardous Chemicals/Acids Flammable Liquids or Gases Outdoor Storage or Display (30 Gallons or More Only)

******Before we will release the C/O, please provide the Required initial/annual Backflow/RPZ testing report (if applicable) ******

NOTICE TO APPLICANT:

It is punishable by a fine up to \$2000.00 to operate a business or to use or occupy land or buildings (other than single family-duplex dwellings) without first having obtained a Certificate of Occupancy. If it is necessary to make more than one inspection, all reinspection's will result in a \$50.00 red tag fee, that will need to be paid before reinspection. Places where alcoholic beverages are sold, amusement centers, food service establishments, and massage establishments must also obtain a separate license with the State of Texas before issuance of the Certificate of Occupancy. Before a certificate of occupancy can be issued, the building or proposed use must comply with all building and health laws and ordinances and the City's zoning regulations. Any certificate of occupancy issued based on incorrect information supplied on this application can be revoked at any time. Signature of the occupant's agent constitutes approval for the city employees to enter the property for necessary inspections. I, the occupancy, understand that I cannot operate a business or use or occupy the building without first obtaining a Certificate of Occupancy. I understand further that if this application is approved, the Certificate holder is responsible for abiding by all laws, ordinances, and regulations of the Town of Fairview, and that the Certificate holder will maintain the terms, conditions, and covenants of any site plan affecting the premises.

Applicant Name Printed

Signature of Applicant

Date

Approved by

Date



**Texas Commission on Environmental Quality
Form TCEQ-20700 - Instructions**

General Instructions:

The purpose of form TCEQ-20700 Backflow Prevention Assembly Test and Maintenance Report (T&M Form) is to document the results of testing a backflow prevention assembly. The form can be completed in one of two ways:

1. The form can be printed and completed by hand, or
2. The form can be completed electronically through an electronic medium (tablet, laptop computer, etc.). The yellow areas on the form can be completed electronically.

NOTE: *The form is intended to be completed on-site while testing is occurring. If the form is completed electronically, the electronic device must also be on-site for proper use of this form.*

The form must be printed and signed by the Licensed Tester that performed the work, unless TCEQ approved electronic recording keeping is in use. The hardcopy original must be provided to the Public Water System (PWS) as specified in ***Title 30 of the Texas Administrative Code 290.44(h)(4)(c).***

Specific Instructions:

Please follow the instructions below when completing form TCEQ-20700:

1. Check boxes: If completing the form electronically, all check boxes can be selected to make the desired indication. Selecting a box will insert an "X" in the box.
2. When performing the test, if the "Initial Test" yields acceptable results, do not complete the "Repairs and Materials Used**" or "Test After Repairs" rows on the form.
3. Remarks: If completing the form electronically, the "Remarks" section of the form is expandable, which means the final report can be more than one page. All pages of the T&M Report must be submitted to the water system.
4. Testing completed by a licensed tester must be documented on one form. Any follow-up testing performed by a different tester must be documented on a separate form.

Things to remember:

1. Differential pressure gauges:
 - a. In order to prevent contamination, gauges used on potable water backflow prevention assemblies must **not** be used to test non-potable backflow prevention assemblies.
 - b. Gauges need to be tested for accuracy annually and that date plus the serial number and other gauge information must be correctly recorded on the form. This allows Public water systems to ensure that the gauges are in compliance.
2. Annual testing of backflow prevention assemblies (those installed to protect against health hazards) or differential pressure gauges is to occur no more than 12 months from the last test date.
3. A tester's license is based on the testing procedures described in the University of Southern California's 10th edition manual. These procedures are expected to be used when testing backflow prevention assemblies.
4. Type II assemblies: This form can only accommodate a Type II assembly with a single check bypass.

Texas Commission on Environmental Quality
BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for recordkeeping *purposes:

NAME OF PWS:	
PWS ID#:	
PWS MAILING ADDRESS:	
PWS CONTACT PERSON:	
ADDRESS OF SERVICE:	

The backflow prevention assembly detailed below has been tested and maintained as required by commission regulations and is certified to be operating within acceptable parameters.

TYPE OF BACKFLOW PREVENTION ASSEMBLY (BPA):			
<input type="checkbox"/>	Reduced Pressure Principle (RPBA)	<input type="checkbox"/>	Reduced Pressure Principle-Detector (RPBA-D) Type II <input type="checkbox"/>
<input type="checkbox"/>	Double Check Valve (DCVA)	<input type="checkbox"/>	Double Check-Detector (DCVA-D) Type II <input type="checkbox"/>
<input type="checkbox"/>	Pressure Vacuum Breaker (PVB)	<input type="checkbox"/>	Spill-Resistant Pressure Vacuum Breaker (SVB)

Manufacturer:	Main:	Bypass:	Size:	Main:	Bypass:
Model Number:	Main:	Bypass:	BPA Location:		
Serial Number:	Main:	Bypass:	BPA Serves:		

Reason for test:	New <input type="checkbox"/>	Existing <input type="checkbox"/>	Replacement <input type="checkbox"/>	Old Model/Serial #
Is the assembly installed in accordance with manufacturer recommendations and/or local codes?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the assembly installed on a non-potable water supply (auxiliary)?				<input type="checkbox"/> Yes <input type="checkbox"/> No

TEST RESULT	Reduced Pressure Principle Assembly (RPBA)			Type II Assembly	PVB & SVB	
	DCVA		Relief Valve	Bypass Check	Air Inlet	Check Valve
	1 st Check	2 nd Check***				
PASS <input type="checkbox"/>						
FAIL <input type="checkbox"/>						
Initial Test	Held at ___ psid	Held at ___ psid	Opened at ___ psid	Held at ___ psid	Opened at ___ psid	Held at ___ psid
Date:	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did not open <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did not open <input type="checkbox"/>	psid
Time:	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	open <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did it fully open (Yes <input type="checkbox"/> /No <input type="checkbox"/>	Leaked <input type="checkbox"/>
Repairs and Materials Used**	Main:					
	Bypass:					
Test After Repair	Held at ___ psid	Held at ___ psid	Opened at ___ psid	Held at ___ psid	Opened at ___ psid	Held at ___ psid
Date:	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>		Closed Tight <input type="checkbox"/>		
Time:						

*** 2nd check: numeric reading required for DCVA only

Differential pressure gauge used:	Potable: <input type="checkbox"/>	Non-Potable: <input type="checkbox"/>
Make/Model:	SN:	Date tested for accuracy :

Remarks:	

Company Name:	Licensed Tester Name (Print/Type):	
Company Address:	Licensed Tester Name (Signature):	
Company Phone #:	BPAT License #	
	License Expiration Date:	

The above is certified to be true at the time of testing.

* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS [30 TAC §290.46(B)]

** USE ONLY MANUFACTURER'S REPLACEMENT PARTS

TEXAS SALES AND USE TAX PERMIT

Example of Texas Sales and Use Tax Permit:

Comptroller of Public Accounts (Rev. 1-07-17) 01-300

TEXAS SALES AND USE TAX PERMIT

This permit is not transferable, and this side must be prominently displayed in your place of business.

Merchants: A copy of this permit does not replace a resale or exemption certificate. You will be responsible for sales tax unless you have a valid resale exemption certificate on file.

TAXPAYER NAME, BUSINESS LOCATION NAME, and PHYSICAL LOCATION

TX [REDACTED]

NAICS CODE: [REDACTED] DESCRIPTION ON NEXT LINE:

Electronic Shopping

WE SHOW THIS BUSINESS IN THE FOLLOWING LOCAL SALES TAX AUTHORITIES:

CITY: [REDACTED] EFF: 02/01/2012

TRANSIT: [REDACTED] EFF: 02/01/2012

Type of permit: SALES AND USE TAX

Taxpayer number: [REDACTED]

Location number: [REDACTED]

First business date: 02/01/2012

Susan Combs
SUSAN COMBS
Comptroller of Public Accounts

YOU MAY NEED TO COLLECT SALES AND/OR USE TAX FOR OTHER LOCAL TAXING AUTHORITIES DEPENDING ON YOUR TYPE OF BUSINESS.

The permit displays the following information:

- Taxpayer Name: Legal Entity Name
- Business Location Name: Legal Entity Name or Store Name
- Physical Location: Location Address in Fairview

State of Texas Sales Tax Number vs. Federal EIN:

- A Texas Sales Tax Permit is an 11-digit number issued by the State of Texas in the format of 1-23-4567890-1
- A Federal Tax Identification Number (FEIN) is a 9-digit number issued to businesses by the IRS in the format 12-3456789 and is issued on Form
- These numbers are *not* the same, and both numbers may be required for someone to do business.

For questions see <https://comptroller.texas.gov> and search Sales Tax Permit Requirements.