



*City of La Vernia*  
102 E. Chihuahua Street, La Vernia, Texas 78121  
Phone: (830) 779-4541 • Fax: (830) 253-1198

## **Certificate of Occupancy Inspection Information**

**A Certificate of Occupancy inspection is required whenever there is a change of use and/or ownership of an existing Commercial building.**

**NOTE: A BUILDING PERMIT is required for any alteration or construction work.**

To receive an inspection for "Certificate of Occupancy", it is important that the following instructions are followed:

1. Complete Certificate of Occupancy application.
2. Return application to the city and pay fee.
3. Request a Certificate of Occupancy inspection from Bureau Veritas. Inspections received by 5:00 p.m. Monday – Friday will be performed the next business day.  
Phone: (817) 335-8111 / toll free (877) 837-8775  
Fax: (817) 335-8110 / toll free (877) 837-8859  
Can also be emailed to: [inspectionstx@us.bureauveritas.com](mailto:inspectionstx@us.bureauveritas.com)
4. Post your approved permit application (Tape to door or window).
5. Have space or building open from the hours of 8:00 a.m. – 5:00 p.m.

The Certificate of Occupancy inspection is an inspection for life safety items and general maintenance. Some common items noted during inspection are listed below. This list is not intended to be an all-inclusive list.

- Doors to the exterior should not have double key locks, slide bolts, or other locking devices other than a thumb turn lock or bolt.
- When required, illuminated exit signs must be in good working order.
- Address and suite # must be posted on the building in 6" minimum numbers on a contrasting background clearly visible from the street.
- Every space must have 24-hour access to the electric panel, which serves that space.
- Missing circuit breakers or knockouts in electric panels and junction boxes must be filled.
- Broken or damaged electrical fixtures and cover plates must be repaired or replaced.
- Added electrical fixtures and outlets must comply with the National Electric Code.
- Hose bibs should have vacuum breakers.
- Plumbing fixtures must be in good working order.
- Any unused plumbing must be capped.
- Gas appliances and heaters must be properly vented and installed.



www.lavernia-tx.gov

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# Certificate of Occupancy Application

<b>Project Information</b>		<b>Permit #</b> _____
<b>Name/Description:</b>	_____	
<b>Project Address:</b>	_____	<b>Sq. Ft.:</b> _____
<b>Lot:</b> _____	<b>Block:</b> _____	<b>Subdivision:</b> _____
<b>INTENDED USE OF SPACE:</b> _____		
<b>Total Occupancy of Building:</b> _____	<b>Zoning District:</b> _____	

<b>Owner Information</b>			
<b>Company Name:</b> _____	<b>Contact Person:</b> _____		
<b>Street Address:</b> _____			
<b>Phone Number:</b> _____	<b>Fax Number:</b> _____	<b>Email:</b> _____	

<b>Tenant Information</b>			
<b>Company Name:</b> _____	<b>Contact Person:</b> _____		
<b>Street Address:</b> _____			
<b>Phone Number:</b> _____	<b>Fax Number:</b> _____	<b>Email:</b> _____	

**Does your business involve the storage, sale or use of the following: (Check all that apply)**

- |   |   |   |                                    |
|---|---|---|------------------------------------|
| <input type="checkbox"/> Painting with flammables | <input type="checkbox"/> Dry Cleaning Solvents  | <input type="checkbox"/> Flammable/combustible liquids (10 gallons or more) | <input type="checkbox"/> Alcohol   |
| <input type="checkbox"/> Combustible Fibers       | <input type="checkbox"/> Dust producing process | <input type="checkbox"/> Floor drains in building                           | <input type="checkbox"/> Smoking   |
| <input type="checkbox"/> Cellulose Nitrate Film   | <input type="checkbox"/> Explosives/Ammunition  | <input type="checkbox"/> Food and/or beverage processing, storage or sales  | <input type="checkbox"/> Fireworks |
| <input type="checkbox"/> Compressed Gas           | <input type="checkbox"/> Recycling Waste        | <input type="checkbox"/> Food products                                      |                                    |
| <input type="checkbox"/> Liquid Propane Gas       | <input type="checkbox"/> Magnesium              | <input type="checkbox"/> High piled stock (over 12' in height)              |                                    |
| <input type="checkbox"/> Vehicle Repair Garage    | <input type="checkbox"/> Vehicles in Building   | <input type="checkbox"/> Poisonous or hazardous chemicals/acids             |                                    |
| <input type="checkbox"/> Welding or Cutting       | <input type="checkbox"/> Woodworking            | <input type="checkbox"/> X-ray Development                                  |                                    |

**\*\*Provide chemical data sheets to the Building Inspection Department listing the maximum quantity of all hazardous materials.\*\***

List any material discharged into the drainage system, ground, or atmosphere: \_\_\_\_\_

*It shall be unlawful to use or occupy or permit the use or occupancy of any building or premises created, erected, changed, converted or altered or enlarged in its use or structure until a Certificate of Occupancy shall have been issued by the administrative official. A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.*

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

	<b>Approved By</b>	<b>Date</b>	<b>Comments</b>
<b>Building Department</b>			
<b>PW Department</b>			
<b>Fire Department</b>			
<b>Health Permit:</b>			

**Issued By:** \_\_\_\_\_

**BV Project #:** \_\_\_\_\_

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