

Application for Certificate of Occupancy

Approved by: _____

Date: _____

City of Lake Jackson
25 Oak Drive
Lake Jackson, TX 77566
Phone (979) 415-2430 • Fax (979) 415-2530

OFFICE USE ONLY

Permit #: _____

Address: _____

Applicant: _____ Address: _____ Phone: _____

Occupancy Type: _____ Occupancy Name: _____

Building Inspector _____
Signature

Fire Marshal _____
Signature

Building Official _____
Signature

Does this occupancy require a health license? *(circle one)* Yes No

If yes, a signature is required from the Health Inspector.

Health Inspector _____
Signature

Once all required signatures have been obtained, an official Certificate of Occupancy may be printed.

Total Permit fees: _____

Date C.O. Issued:

By: