



LEWISVILLE
Deep Roots. Broad Wings. Bright Future.

New Business Information Form

Business Name: _____

Business Address: _____

Contact Name: _____

Business Phone Number: _____

Type of Business: _____

Square Footage: _____

Business Owner's Name: _____

Business Owner's Home Address: _____

Business Owner's Home Phone: _____

Business Owner's Cell Phone: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Office Use Only: Building Inspections

Change of Occ. Group: Y/N ___ New Classification _____

Prior Occupant Name: _____

Vacant: Y/N ___ Date of Vacancy: _____

If Vacant – Last Day of Water Service: _____

If Vacant – Last Day of Electrical Service: _____

Date of Last Fire Prevention Inspection: _____

Signature of Building Inspector: _____