

Complete this form and return it to the Building Inspection Department. Applications take 5 to 7 business days to process. A Fire Prevention Inspector will contact the person listed below to schedule any inspections required. Upon completion, the contact below will be notified. The \$33.00 fee (cash or check only) will be due at that time. Pre-payment will not be accepted.



151 W. CHURCH ST.  
LEWISVILLE, TX 75057  
PHONE: 972-219-3470  
FAX: 972-219-3772

Contact Name and No.: \_\_\_\_\_ Application #: \_\_\_\_\_

Square Footage of Lease Space: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Business Mgr's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Is a Grease and/or Sand Interceptor Installed?: Yes or No (circle one)

Are You a New Tenant?: Yes or No (circle one)

**Business Owner Information (Owner of the business in the lease space)**

**\*\*\*\* YOU MUST PROVIDE A LEGIBLE COPY OF THE BUSINESS OWNER'S DRIVERS LICENSE. \*\*\*\* (IF A CORPORATION, INCLUDE A COPY OF THE PRESIDENT, C.E.O., OR OTHER RESPONSIBLE OFFICER'S DRIVERS LICENSE. ONLY ONE LICENSE COPY IS REQUIRED.)**

Business Owner Name: \_\_\_\_\_

Business Owner's Work Phone No.: \_\_\_\_\_

Business Owner's Home Phone No.: \_\_\_\_\_

Business Owner's Cell Phone No.: \_\_\_\_\_

Business Owner's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone No.: \_\_\_\_\_

**\*\*\*\* DO NOT WRITE BELOW THIS LINE\*\*\*\* FOR OFFICE USE ONLY\*\*\*\***

**BUILDING INSPECTION DIVISION**

Zoning District: \_\_\_\_\_ Occupant Load: \_\_\_\_\_ Building Inspection Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**FIRE PREVENTION DIVISION**

Occupancy Use: \_\_\_\_\_ Fire Prevention Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTH DIVISION**

DCVA Last Tested Date: \_\_\_\_\_ Food/Retail Service Approval: \_\_\_\_\_ Pool/Spa Approval: \_\_\_\_\_  
 Health Division Approval: \_\_\_\_\_ Health Division Approval: \_\_\_\_\_ Health Division Approval: \_\_\_\_\_  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*COMMENTS TO PRINTED ON THE CERTIFICATE OF OCCUPANCY\*\*\*\***