



Certificate of Occupancy Permit For Food Truck

Truck Owner:		Date:	
Owner Address:		Phone:	
Business Name:			
Location/s to be parked:			
<u>Fire Sprinkled</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Fire Extinguisher</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>RPZ Installation</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Grease Trap</u> Yes <input type="checkbox"/> No <input type="checkbox"/>
AN ISSUED PERMIT BECOMES INVALID IF THE WORK ON THE SITE AUTHORIZED BY THE PERMIT DOES NOT COMMENCE WITHIN 180 DAYS OF ISSUANCE, OR IF THE WORK ON THE SITE IS INCOMPLETE DUE TO SUSPENSION OR ABANDONMENT 180 DAYS AFTER THE WORK COMMENCED. ALL PERMITS REQUIRE A FINAL INSPECTION.			
I HEREBY CERTIFY THAT I AM AN AUTHORIZED AGENT OF THE OWNER, AND HAVE THE OWNER'S CONSENT TO ENTER ONTO THE PROPERTY TO COMPLETE THE WORK. AFTER CLOSE REVIEW OF THIS APPLICATION, I FURTHER CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THE WORK SHALL COMPLY WITH ALL PROVISIONS OF LAWS AND ORDINANCES, WHETHER SPECIFIED OR NOT. THE GRANT OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY FEDERAL, STATE, OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.			
Printed Name of Applicant: _____		Date: _____	
Signature of Applicant: _____		Phone # (_____) _____ - _____	
** COPY OF MENU MUST BE SUBMITTED WITH APPLICATION. ** INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.			
Office Use Only			
Inspection Dept	Signature	Approved?	Date
City Inspector (903) 654-4870		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fire Marshal (903) 654-4961		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Environmental (903) 654-4882		Yes <input type="checkbox"/> No <input type="checkbox"/>	
P&Z Manager (903) 654-4872		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Health Dept (903) 874-4724		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Engineer (903) 654-4891		Yes <input type="checkbox"/> No <input type="checkbox"/>	