



**COMMERCIAL CHANGE OF OCCUPANCY OR  
NEWLY ANNEXED PROPERTY BUSINESS  
REGISTRATION APPLICATION**

**20025 HWY 6, Manvel, TX 77578**

**Phone: 281/489-0630 Fax: 281/489-0634**

Address of Business		Name of Proposed Business	
Zoning District	Subdivision ( if any)	Shopping Center ( if any)	Legal Description.
Owner of Building	Mail Address	Zip	Phone
Name of Proposed Occupant (Tenant)	Mail Address	Zip	Business Phone
2007 NAICS Number and Description			
To locate your 2007 NAICS number and business description you may come to city hall to look at our book or you may locate the number and description by visiting the NAICS website at <a href="http://www.census.gov/eos/www/naics">http://www.census.gov/eos/www/naics</a>			
Type of Proposed Business (please be specific)			
Previous Business			
Business Hours	Anticipated date of move-in	Number of employees	
DESCRIBE BUSINESS IN DETAIL: (INCLUDE ALL ACTIVITIES)			
Applicant Printed Name	Applicant Contact Number	E-mail Address	
<b>Occupied Space Square Feet:</b> _____ <b>Do you plan any changes?</b>  ___ Structure _ Plumbing _ Electrical _ A/C _ Other  A plan is required to be presented to PD and Z before any alterations can begin.  <b>If any mis-representation is found once you open your business, your Certificate of Occupancy WILL BE REVOKED. PLEASE INITIAL THAT YOU UNDERSTAND THIS STATEMENT.</b> _____  I am aware that I must apply for and receive a sign permit before I erect any sign in Manvel. I have received a copy of the sign ordinance.  _____ Applicant Date		<b><u>FOR OFFICE USE ONLY:</u></b> <b><u>FEES</u></b>  ___ \$100 Change of Occupancy ___ \$0 Registering New Business  Rcvd By ( initial's) _____ Date _____  Application Number _____  <b>This is a conditional Certificate of Zoning Compliance</b> Approval: Code Enforcement _____ Date _____  Building Official _____ Date _____  Fire Marshal _____ Date _____	