



# CITY OF MANVEL

20025 Highway 6  
 Phone: (281) 489-0630  
 Fax: (281) 489-0634

## COMMERICAL CHANGE OF OCCUPANCY OR NEWLY ANNEXED PROPERTY BUSINESS REGISTRATION APPLICATION

Business Address:		Proposed Business Name:	
Zoning District: (LC, HC, HMU)	Subdivision (if any):	Shopping Center:	Legal Description:
Owner of Building:		Address:	Phone:
Name of Proposed Occupant (Tenant):		Address – Include Suite No.:	Phone:
NAICS Number and Description:			
To locate the business NAICS number and business description, you can locate the number and description by visiting the NAICS website: <a href="https://www.naics.com/search/">https://www.naics.com/search/</a> . This number is used to determine zoning for allowed businesses under City Ordinances. <a href="https://library.municode.com/tx/manvel/codes/code_of_ordinances?nodeId=PAIICOOR_CH77ZO">https://library.municode.com/tx/manvel/codes/code_of_ordinances?nodeId=PAIICOOR_CH77ZO</a>			
Type of Proposed Business (please be specific):			
Name of Previous Business at Location/Suite (if known):			
Business Hours:	Move in date:	No. of Employees:	
Describe Business in Detail (include all activities):			
<b>Applicant Information</b>			
Printed Name:		Phone:	Email:
<b>Occupied Space Square Footage:</b> _____		<b>FOR OFFICE USE ONLY:</b>	
<b>Do you plan to make any changes to structure?</b> __ Structure __ Plumbing __ Electrical __ A/C __ Other			
An approved building plan is required and permits obtained BEFORE alterations can be made.		<b>Fees:</b> \$100 - Change of Occupancy \$ 0 - Registering New Business	
<b>If any misrepresentations are made on this application after you open business, THE CERTIFICATE OF OCCUPANCY WILL BE REVOKED. Please initial that you understand this statement. _____.</b>			
I acknowledge that I am responsible for applying and receiving a sign permit for any signs that I plan to replacing or installing under the City's sign ordinance. I accept that I will not be issued a Certificate of Occupancy until they are installed. <b>Please initial that you understand this statement. _____.</b>		Approval:	
		Code Enforcement:	Date:
		Building Official:	Date:
Applicant Signature:		Fire Marshal:	Date:
		Date:	



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**QUESTIONNAIRE FOR CHANGE OF TENANCY APPLICATION, PLEASE ANSWER "YES" OR "NO" ON ALL OF THE QUESTIONS BELOW:**

**IF ANY OF THE INFORMATION LISTED BEFORE IS FOUND TO BE UNTRUE, THE CERTIFICATE OF OCCUPANCY WILL BE REVOKED. IF YOU HAVE ALREADY OPENED, YOUR CERTIFICATE OF OCCUPANCY WILL BE REVOKED UNTIL ALL ITEMS ARE CORRECTED AND/OR PERMITS OBTAINED. PLEASE INITIAL THAT YOU UNDERSTAND THIS STATEMENT: \_\_\_\_\_**

<p>1. Are you going to be doing any remodeling?</p>	<p><i>Building owners or contractors are required, before performing work such as demolition, alteration or renovation on any commercial or public building to have an asbestos survey completed by a person licensed under the Texas Asbestos Health Protection Act, effective 9.1.2001. Exceptions are: Industrial or manufacturing facilities with restricted areas, apartments with fewer than four units, federal and military buildings.</i></p> <p><i>Completed survey must be submitted with a separate permit application.</i></p>	<p>1. _____</p>
<p>2. Do you have Fire Extinguishers?</p>		<p>2. _____</p>
<p>3. Do you have a Backflow Preventer installed?          3a. If a Backflow Preventer is already installed, is the inspection current?</p> <p><i>If not, one will need to be installed by a Licensed Master Plumber and a separate permit application submitted by the Plumber will need to be submitted. An inspection will need to be conducted and a completed City of Manvel Backflow Prevention Assembly Certified Test Report must be on site at the time of inspection.</i></p> <p><b>Remember it is your responsibility to make sure the Backflow Preventer is inspected annually and a copy of the inspection report submitted to the City of Manvel.</b></p>		<p>3. _____          3a. _____</p>
<p>4. Have you set up your water account with the City of Manvel?          4a. Or are you on a well service?</p>		<p>4. _____          4a. _____</p>
<p>5. If you are serving food, do you have a Grease Trap installed?</p> <p><i>If not, specs of the grease trap must be submitted to the City for our review and a separate permit will need to be pulled by a licensed Master Plumber. An inspection of the grease trap will need to be done prior to opening.</i></p>		<p>5. _____</p>
<p>6. Do you have a Vent Hood System?          7. Have you contacted the Brazoria County Health Department to see if you need a permit or an inspection from them?          7a. Is the Health Department certificate posted?          8. Is the address posted clearly on the building?          9. Are the exits marked clearly and properly? Are they operable with battery backup and emergency exit lights?          10. Do you have a handicap ramp?          11. Are the restrooms ADA compliant?          12. Does your parking lot have parking for handicap accessibility? Is it striped?          13. Is the Occupancy Load posted?          14. Do you have an out swing exit door?          15. Is your breaker box clearly labeled?          16. Are all electrical connections covered?          17. Have you applied for a Sign Permit?</p>		<p>6. _____          7. _____          7a. _____          8. _____          9. _____          10. _____          11. _____          12. _____          13. _____          14. _____          15. _____          16. _____          17. _____</p>

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_