

Certificate of Occupancy Application
Building Inspections**PLEASE PRINT OR TYPE – INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

Application is made to the Building Official of the City of Burleson, Texas for Certificate of Occupancy authorizing the use of building and/or land:

Property Address: 136 NW Ellison Burleson, TX Suite: _____Description of business (be specific): Dog TrainingBUSINESS NAME: Top Dog Professional TrainingEmail: Adm@TopDogTexas.com Phone: (817) 668-5867Address: 136 NW Ellison City: Burleson State: TX Zip: 76028BUSINESS CONTACT: Adam GibsonEmail: Adam@TopDogTexas.com Phone: ()Address: 136 NW Ellison City: Burleson State: TX Zip: 76028EMERGENCY CONTACT: Andrea CathcartEmail: Andrea.eden@hotmail.com Phone: (903) 279-7776Address: 748 Willow Creek Dr City: Burleson State: TX Zip: 76028BUSINESS OWNER: Adam GibsonEmail: Adam@TopDogTexas.com Phone: ()Address: 136 NW Ellison City: Burleson State: TX Zip: 76028PROPERTY OWNER: "Email: _____ Phone: ()

Address: _____ City: _____ State: _____ Zip: _____

TYPE OF APPLICATION (Check all that apply)**SQUARE FOOTAGE**

- New owner / new business _____
- New owner / existing business ☒ correct
- Name change ☐
- New or additional uses ☐
- Clean & Show ☐
- Remodeling or expanding (describe below) ☐
- Other (specify): _____

Sales area	<u>0</u>
Office	<u>100</u>
Warehouse / Storage	<u>4800</u>
Dining / Seating	<u>0</u>
Manufacturing	<u>0</u>
Waiting area	<u>0</u>
Other	<u>0</u>
Total business sq. ft.	<u>4950</u>
Total building sq. ft.	<u>4950</u>

*Describe any building, site or interior remodeling and expansions:

We plan to paint the exterior and seal the floors.

Certificate of Occupancy Application
Building Inspections**CHECK ALL FEATURES OF THE BUILDING AND/OR PROPERTY:**

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Fire Alarm System | <input type="checkbox"/> Hood Ansul System | <input type="checkbox"/> Irrigation System | <input type="checkbox"/> Sand Trap |
| <input type="checkbox"/> Fire Sprinkler System | <input type="checkbox"/> Above/Underground Tank(s) | <input type="checkbox"/> Backflow Devices | <input type="checkbox"/> Swimming pool or spa* |
| <input type="checkbox"/> Standpipe System | <input type="checkbox"/> Paint Booth | <input checked="" type="checkbox"/> Grease Interceptor/Trap | <input type="checkbox"/> Interactive water feature* |

CHECK ALL ACTIVITIES WHICH WILL BE CONDUCTED ON THE PREMISES:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Food or food products* | <input type="checkbox"/> Hotel / Motel | <input type="checkbox"/> Petroleum products | <input type="checkbox"/> Auto sales – new |
| <input type="checkbox"/> Restaurant* | <input type="checkbox"/> Laundry / Clean-Press | <input type="checkbox"/> Welding or cutting | <input type="checkbox"/> Auto sales – used |
| <input type="checkbox"/> Grocery or convenience store* | <input type="checkbox"/> Lithography / Print shop | <input type="checkbox"/> Painting or coating | <input type="checkbox"/> Auto parts/accessories - new |
| <input type="checkbox"/> Alcoholic beverage sales* | <input checked="" type="checkbox"/> Pet shop | <input type="checkbox"/> Sanding, mill or woodcutting | <input type="checkbox"/> Auto parts/accessories - used |
| <input type="checkbox"/> Child care center* | <input type="checkbox"/> Industrial / Manufacturing | <input type="checkbox"/> Incineration | <input type="checkbox"/> Brakes / muffler repair |
| <input type="checkbox"/> School* | <input type="checkbox"/> Parts or vehicle wash | <input type="checkbox"/> Reclaiming waste materials | <input type="checkbox"/> Engine repair |
| <input type="checkbox"/> Church* | <input type="checkbox"/> Flammable / combustible liquid | <input type="checkbox"/> Outside storage | <input type="checkbox"/> Auto body repair |
| <input type="checkbox"/> Office | <input type="checkbox"/> Compressed gases | <input type="checkbox"/> Items stacked higher than 12' | <input type="checkbox"/> Auto painting |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Ammunition / fireworks | <input type="checkbox"/> Tire sales / installation | <input type="checkbox"/> State inspection |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Poisonous or hazardous chemicals or acids | <input type="checkbox"/> Tire storage | <input type="checkbox"/> Oil change / lube |
| <input type="checkbox"/> Mortuary / Funeral home | | <input type="checkbox"/> Auto related business | <input type="checkbox"/> Vehicle parking |

* Plans for food establishments and public and semi-public swimming pools and spas may be required to be submitted to Tarrant County Public Health. A food establishment includes any establishment that offers food for public consumption (including restaurants, vitamin stores, coffee shops, and establishments which offer only pre-packaged food). A food establishment does not include vending machines, employee break rooms or private residences.

QUESTIONNAIRE

1. Will a significant portion of the business interior space be used for storage? ☐ Y ☒ N

If yes, please answer the following:

What types of materials will be stored? _____

Will the materials be stored on racks? _____

How high will materials be stored? _____

2. What is the water source for this facility? (Check all boxes that apply)

☒ City water ☐ On-site well water ☐ Other (explain): _____

3. What type of system will wastewater be discharged to? (Check all boxes that apply)

☒ City sewer ☐ Septic system* ☐ Other (explain): _____

*Properties with septic systems are required to submit plans to the City of Burleson Neighborhood Services Department. Additional plans may be required to be submitted to Tarrant County Public Health.

4. Does (or will) this facility discharge any wastewater OTHER than domestic wastewater (wastewater from restrooms) to the sewer system? ☐ Y ☒ N

If yes, please explain: _____

5. Will any portion of the building or tenant space be used as a training room, classroom or daycare? ☐ Y ☒ N

If yes, please provide the following:

☐ 0 – 2 ½ years old _____ (# of students) ☐ Older than 2 ½ years old _____ (# of students)

I certify that all the information contained herein is true and correct to the best of my knowledge and I understand that failure to make full disclosure may result in revocation of the Certification of Occupancy.

Adem Gibson
Printed Name

Adem Gibson
Signature

5/17/2018
Date

OFFICE USE ONLY

Certificate of Occupancy Application

Building Inspections

PLANNING NOTES

Address: 136 NW Ellison St Permit No. 18-2253
Current zoning: C, Commercial / OT Overlay
Is the use of the building and/or land described in the application allowable under the property's current zoning? ☒ Y ☐ N
Comments or special conditions: USE: personal service NOTE on
C/O: NO kenneling / boarding allowed at any
time. NO outside storage
parking. 17000 SQ FT total floor area
Driveway
Planning Department 5.18.2018
Date

INSPECTION NOTES

FIRE MARSHAL

Inspected by: _____

NEIGHBORHOOD SERVICES

Inspected by: _____

BUILDING OFFICIAL

Comments or special conditions: _____

Construction Type: _____

Occupancy Group: _____

Sprinkler Provided: _____

Sprinkler Required: _____

Occupant Load: _____

Building Official _____

Date _____

City of Burleson
Non-Residential Water/Wastewater User Survey

- I. **Purpose.** The City of Burleson is responsible for protection of the drinking water supply and ensuring all state and federal pretreatment (wastewater) rules are adhered to. The purpose of this survey is to ensure compliance with these regulations. **This survey must be completed by the applicant and then reviewed and approved by the Public Works Department before a certificate of occupancy will be issued.**

II. **Company Information**

- A. Water/Wastewater Service Address 136 NW Ellison St
B. Date Operations were (will be) established at this site 6/1/2018
C. Company Name Top Dog Professional Training
D. Mailing Address (if different than listed above) _____
City, State, Zip Burleson, TX, 76028
E. Phone No. (817) 668-5867 Fax No. _____

III. **Contact Information**

- A. Contact Name Adam Gibson
B. Contact Title Owner
C. Phone No. (817) 668-5867 Fax No. _____ Email Adam@TopDogTexas.com

IV. **Business Activity**

- A. Check all boxes that correspond with operations at this facility. Give a brief description under "other" for any not listed on this form.
☐ Auto/Equipment Cleaning, Repair or Servicing ☐ Convenience store ☐ Hotel/Motel ☐ Laundry/Clean-Press
☐ Lithography/Print shop ☐ Medical (other than office) ☐ Mortuary/Funeral home ☐ Office ☒ Pet shop
☐ Restaurant/Fast Food ☐ Retail ☐ Industrial/Manufacturing (list details of operations on "other" line)
☐ Other _____
B. Are any potential hazardous substances handled at this facility? If yes please explain: NO

V. **Water Services**

- A. What is water source for facility? Check all boxes that apply.
☒ City Water ☐ On-Site Well Water ☐ Other (please explain) _____
B. Does this facility have any backflow prevention assemblies? ☐ Yes ☐ No ☒ Unknown
C. Does (or will) this facility have a fire sprinkler system? ☐ Yes ☒ No
D. Does (or will) this facility have a lawn irrigation system? ☐ Yes ☒ No
E. Does (or will) this facility have a carbonated beverage dispenser (fountain drink machine)? ☐ Yes ☒ No

VI. **Wastewater Services**

- A. Where will wastewater be discharged to? Check all boxes that apply.
☒ City Sewer ☐ Septic System ☐ Other (please explain) _____
B. Does (or will) this facility discharge any wastewater OTHER than domestic wastewater (wastewater from restrooms) to the sewer system? ☐ Yes ☒ No If Yes, please explain _____
C. Will any liquid waste or sludges be disposed of in the sewer system? ☐ Yes ☒ No
D. Will any wastewater that is discharged from this facility be treated by the below listed treatment types? Check all boxes that apply.
☒ Grease Trap/Interceptor ☐ Sand Trap ☐ Other _____

VII. **Signature**

I have personally examined and am familiar with the information submitted in this document. Based upon my inquiry of those individuals responsible for obtaining the information reported herein, I believe submitted information is true, accurate and complete.

Adam Gibson
(Signature of Respondent)

Adam Gibson
(Printed Name of Respondent)

Owner
(Title of Respondent)

5/17/2018
(Date)