



www.montgomerytexas.gov
101 Old Plantersville Road
Montgomery, TX 77316
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permits@ci.montgomery.tx.us

**NEW OCCUPANCY
PERMIT APPLICATION**
Expires in 6 months. (180 days); Non-Transferable

Building Permit # _____

Application Date: _____

Physical Address: _____

Legal Property Description: _____ **Lot:** _____ **Block:** _____ **Section:** _____

Property Owner: _____ **Phone:** _____ **Email:** _____

Property Owner Mailing Address: _____

Name of Business: _____

Tenant Name: _____ **Phone:** _____ **Email:** _____

Tenant Mailing Address: _____

A Certificate of Occupancy” inspection must be performed and the facility must be in compliance with the City of Montgomery’s building code ordinance.
Inspections are \$175 each. Additional inspections and re-inspections are \$100.

Fire Marshall Notice Inspection Notice: A “Life & Safety” Inspection is required from the Montgomery County Fire Marshall’s Office anytime there is a “change in use”. The inspection and appointment is made through their office. They may be reached at: 936-538-8288.

Health Certificate: Proper certificates should be obtained from the Montgomery County Department of Health if the establishment prepares and/or serves food.

I hereby attest that I am the legal owner or authorized agent of the property described on this document. I certify that I am an authorized signer with the authority to submit this application. I certify that I have read and examined this application and attest that the information I am providing is correct. I understand that it is against the law to make a false statement on a government document and that incomplete applications will be denied. I agree to comply with all provisions of laws and ordinances governing this type of work, whether specified herein or not. The approval of this application does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or the performance of construction.

Applicant Signature: _____ **Printed Name:** _____ **Date:** _____

OFFICE USE ONLY

Received for Review by: _____ **Date:** _____

Approved by: _____ **Date:** _____

Fire Marshall Certificate Received Date: _____

Health Certificate Received Date: _____

Total Fees Due:	\$ 175.00
Receipt #:	