



**GARLAND**  
**BUILDING INSPECTION**

800 Main St  
Garland TX 75040  
Main Line: 972-205-2300

## TABC Submittal Requirements

TABC Applications are submitted to the Building Inspections Department located at 800 Main St; on the southwest corner of Main St and Glenbrook Dr.

This department accepts submittals Monday – Friday between 8 am and 4 pm.

When submitting a TABC application to the City of Garland, we require that the business either have a) an active building permit (this means an issued permit with an approved inspection) or b) an approved certificate of occupancy application (which would include an approved inspection from the Building Inspections Department).

Additionally, the application should be signed and sealed by the County Clerk's Office prior to submitting to the City.

Once submitted, staff ensures that the business location meets the distance requirements as set forth by the State, is allowed in the zoning district (as set forth in the City's Garland Development Code) and that business names match (both for the Corporation and/or for individuals listed on the TABC Application vs. the Certificate of Occupancy Application); once staff is sure distance requirements are met and information matches, the application is sent to the City Secretary's Office for signature and seal. Building Inspection staff will contact the applicant with any changes that need to be made or once approved.

Change of ownership requires a new certificate of occupancy to be obtained under the new owner's information and inspected.

Change of location requires a new certificate of occupancy to be obtained and inspected.

Change in business names or corporation status requires an amendment to the existing certificate of occupancy with applicable County or State and/or Federal documentation showing the applicable change has been filed.

Renewals are sent every two (2) years (exception: restaurants are sent in years 3 and 4 and then every other year). Businesses pay half the amount they pay to the State for renewal with the City.

Questions should be directed to Samantha Morrow at [smorrow@garlandtx.gov](mailto:smorrow@garlandtx.gov).



## Submittal Requirements for Certificate of Occupancy Applications

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### A. Submittal requirements:

1. Completed CO application packet.
2. Scaled site plan showing the following:
  - a. Entire boundaries including the driveway location(s), public sidewalks, public streets public alleys, and private sidewalks.
  - b. Designated parking spaces for customers
  - c. Designated parking spaces for employees
  - d. Designated parking area(s) for deliveries
3. Scaled floor plan showing (that which is applicable to your business):
  - a. Office area
  - b. Kitchen (restaurants, with layout of appliances clearly marked)
  - c. Dining Room (restaurants, with detailed seating)
  - d. Sanctuary (churches, with detailed seating)
  - e. Meeting rooms (restaurants / churches / reception facility / etc; with detailed seating)
  - f. Hallways (showing doorways and exterior exits)
  - g. Bathrooms (showing placement of toilets / urinals / sinks / doors)
  - h. Storage Rooms (with details for shelving, etc)
  - i. Cooler Placement (convenience stores)
  - j. Exiting Doors with Exit Lighting & Emergency Lighting (ALL exterior doors, to include door swing)
  - k. All other spaces (with details of what will be in the room and what it will be used for)
  - l. Please notate if you have panic / lever hardware on all exiting doors
4. Businesses located within a Shopping / Strip Center must provide the following:
  - a. Site plan for the ENTIRE property detailing each business, square footage that they occupy and hours of operation
  - b. Name, contact name, address and telephone number of the owner / Management Company

NOTE: Additional requirements may be required upon inspection

### B. Inspection scheduling:

Once the Plans Examiner has accepted your floor plans, they will review the paperwork. The Plans Examiner will determine the next available date for inspection; typically within 24-48 hours (or within the next two business days)

### C. Utility releases:

Utilities will not be released until all inspection items have been completed.



# GARLAND

## BUILDING INSPECTION

### Los Requisitos para Someter aplicaciones de Certificado de Ocupación

#### A. Los requisitos para Someter:

1. Complete el paquete de aplicación de CO.
2. Mostrar un plano del sitio en escala con lo Siguiente:
  - a. Las líneas de propiedad incluyendo la ubicación de camino de entrada (s), las aceras/banquetas públicas, las calles públicas, callejones públicos, y las aceras/banquetas privadas.
  - b. Los espacios de estacionamiento designados para clientes
  - c. Los espacios de estacionamiento designados para empleados
  - d. Los espacios de estacionamiento designados para entregas
3. Mostrar un plano en escala del espacio interior (cual sea aplicable a su negocio):
  - a. El área de oficina
  - b. La cocina (restaurantes: indique la ubicación de todos los aparatos electrónicos)
  - c. El Comedor (restaurantes: con asientos detallados)
  - d. El santuario (iglesias: con asientos detallados)
  - e. Cuarto de Reunión (restaurantes/iglesias/locales de recepción/etc; con asientos detallados)
  - f. Los pasillos (indicando puertas y salidas exteriores)
  - g. Los baños (indique la locación del inodoro/urinario/lavamanos/puertas)
  - h. El almacenamiento (con detalles de las repizas, etc)
  - i. Locución del Enfriador (tiendas de conveniencia)
  - j. Las Puertas de salida que tengan iluminado el letrero de Salida y de Emergencia (todas las puertas exteriores, incluir la dirección que se habrán)
  - k. Todos los otros espacios (con detalles de lo que estará en la habitación y el uso)
  - l. Por favor indique si las puertas de salida tienen palancas o soportes de pánico
4. Los negocios localizados dentro de una Centro Comercial/o Vía Comercial debe proporcionar lo siguiente:
  - a. El plano del la propiedad e indique cada negocio, los pies cuadrados que ocupan y las horas de operación.
  - b. El nombre, el nombre del contacto, el número telefónico y dirección del dueño/o la Compañía de Administración.

NOTA: Se pueden requerir requisitos adicionales durante la inspección.

#### B. Programar la inspección:

Una vez que el Examinador de Planes acepte sus planos, ellos revisarán los documentos. El Examinador de Planes determinará la próxima fecha disponible para la inspección; típicamente dentro de 24-48 horas (o dentro de los próximos dos días hábiles)

#### C. Conceder las Utilidades:

Las utilidades no serán concedidas hasta que la inspección sea aprobada.

# CERTIFICATE OF OCCUPANCY APPLICATION

CITY OF GARLAND  
 P.O. BOX 469002, 800 MAIN STREET  
 GARLAND, TX 75046-9002  
 OFFICE: (972) 205-2300 FAX: (972) 205-2839  
<http://www.garlandtx.gov>

CERTIFICATE# \_\_\_\_\_  
 CONDITIONAL CERTIFICATE# \_\_\_\_\_  
 CLEAN & SHOW #: \_\_\_\_\_

**Contact E-Mail Address:**

STREET ADDRESS (BUSINESS ADDRESS)	SUITE #
NAME OF BUSINESS (DBA)	
NAME OF BUSINESS OWNER (IF APPLICABLE)	PHONE
MAILING ADDRESS (WHERE YOU WANT THE C/O MAILED)	
CITY, STATE, ZIP	
NAME OF CORPORATION (IF APPLICABLE)	PHONE
TOTAL OCCUPIED AREA: _____ SQUARE FEET                      FIRE SPRINKLERED?    ___ YES    ___ NO	
CHECK THE FOLLOWING:    ___ NEW CONSTRUCTION    ___ PREVIOUSLY OCCUPIED    REMODELING ___ YES    ___ NO	
PLEASE DESCRIBE THE TYPE OF BUSINESS / ACTIVITIES THE BUILDING OR LEASE SPACE WILL BE USED FOR (BE SPECIFIC): _____ _____	
EXISTING GARLAND COMPANY?    ___ YES    ___ NO    NEW START-UP COMPANY?    ___ YES    ___ NO RELOCATING?    ___ YES    ___ NO    IF RELOCATING, WHERE FROM?	

**NOTICE TO APPLICANT** ANY CERTIFICATE OF OCCUPANCY ISSUED ON THE BASIS OF INCORRECT INFORMATION SUPPLIED ON THIS APPLICATION MAY BE REVOKED. SIGNATURE OF OCCUPANT OR OCCUPANT'S AGENT CONSTITUTES APPROVAL FOR CITY EMPLOYEES TO ENTER THE PROPERTY FOR NECESSARY INSPECTIONS.

**OWNER OF BUSINESS INFORMATION**

NAME (PRINT) \_\_\_\_\_ PHONE \_\_\_\_\_  
 DRIVER'S LICENSE # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ DL EXPIRATION DATE \_\_\_\_\_  
 \_\_\_\_\_  
 SIGNATURE OF OWNER \_\_\_\_\_ APPLICATION DATE \_\_\_\_\_

**CORPORATION INFORMATION**

NAME (PRINT) \_\_\_\_\_ PHONE \_\_\_\_\_  
 DRIVER'S LICENSE # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ DL EXPIRATION DATE \_\_\_\_\_  
 \_\_\_\_\_  
 SIGNATURE OF OWNER \_\_\_\_\_ APPLICATION DATE \_\_\_\_\_

**OFFICE USE ONLY**

CHANGE IN OCCUPANCY?    ___ YES    ___ NO	OVERLAY <input type="checkbox"/> SH 190 <input type="checkbox"/> IH30 <input type="checkbox"/> IH635 <input type="checkbox"/> DOWNTOWN <input type="checkbox"/> AUTOMOTIVE
BUILDING PERMIT# _____	PREVIOUS USE OF BLDG _____
ZONING _____ PD # _____	<b>OTHER CITY DEPTS NOTIFIED:</b>
OCCUPANCY _____ CONSTRUCTION TYPE _____	ENVIRONMENTAL HEALTH Notified <input type="checkbox"/> Yes <input type="checkbox"/> No E-Mail Attached <input type="checkbox"/>
BLD INSP APPROVAL _____ DATE _____	PRE-TREATMENT Notified <input type="checkbox"/> Yes <input type="checkbox"/> No E-Mail Attached <input type="checkbox"/>
BI ACCEPTED _____ DATE _____	CODE COMPLIANCE Notified FOR APTS <input type="checkbox"/> Yes <input type="checkbox"/> No E-Mail Attached <input type="checkbox"/>
BI ISSUED _____ DATE _____	
<input type="checkbox"/> UPDATED C/O INFORMATION	<input type="checkbox"/> NAME CHANGE
	<input type="checkbox"/> AMENDMENT TO EXISTING C/O

**CERTIFICATE OF OCCUPANCY APPLICATION**

**DOES YOUR OCCUPANCY INVOLVE:  
PLEASE CHECK APPROPRIATE USES:**

\_\_\_ RETAIL USE (PROVIDE LIST OF ITEMS TO BE SOLD) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ ALCOHOLIC BEVERAGES

\_\_\_ ADULT OR CHILD CARE (MORE THAN 5)

\_\_\_ EXPLOSIVES/AMMUNITION/FIREWORKS

\_\_\_ WELDING OR OPEN FLAME

\_\_\_ WOODWORKING/DUST PRODUCING EQUIPMENT

\_\_\_ FOOD AND/OR BEVERAGE PROCESSING, STORAGE OR SALES

\_\_\_ GARAGE VEHICLE SERVICE / VEHICLE REPAIR

\_\_\_ POISONOUS OR HAZARDOUS CHEMICAL/ACIDS

\_\_\_ FLAMMABLE LIQUIDS OR GASES (30 GALLONS OR MORE ONLY)

\_\_\_ COIN OPERATED GAMES, HOW MANY? \_\_\_

\_\_\_ COMPRESSED GASES (LPG., ETC.)

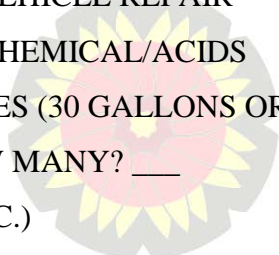
\_\_\_ SEMI CONDUCTOR

\_\_\_ RECLAIMING WASTE MATERIALS

\_\_\_ SPRAY PAINTING

\_\_\_ 12 FT. IN HEIGHT (INSIDE BUILDING) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ NUMBER OF SQ. FT. STORAGE OVER 15 FEET IN HEIGHT  
(INSIDE BUILDING) \_\_\_\_\_



**GARLAND**

**BUILDING INSPECTION**

PLEASE CHECK ALL BOXES BELOW THAT APPLY TO YOUR BUSINESS

Our principal business operation is a **Smoke Shop**

“A commercial establishment to which the public is admitted or invited which: (i) as its principal business purpose, offers for sale, distribution or exchange, for any form of consideration, any items, instruments, devices, equipment, accessories, or products that are intended, designed or marketed for use in the smoking or inhaling of any substance, including but not limited to tobacco, salts, incense, marijuana, hashish, hashish oil, cocaine or other controlled substances as defined in the Texas Health and Safety Code; and (ii) holds itself out, taking into account its business operations, its general inventory, and its commercial promotions whether on or off-premise, as encouraging or promoting the use of cannabis, illegal or controlled substances, or on which controlled substances are sold, marketed, or displayed even if marked as being sold for “novelty” or not for human consumption purposes”

Our principal business operation is a **Retail Tobacco Store**

“At least 75% of our revenue comes from the sale of packaged tobacco products such as cigarettes, cigars, chewing tobacco or snuff”

Our principal business operation is a **Retail Store**

“The sale of commodities to consumers that is not otherwise herein regulated or defined, including but not limited to the sale of items such as, clothing and apparel accessories, household items (does not include furniture, appliances and large furnishings), a discount store, a department or variety store, an indoors-only automotive parts sales, or a specialty grocer (maximum five thousand square feet)”

**Does not apply**

None of the definitions above applies to my business.

\_\_\_\_\_  
Business Owner Signature

\_\_\_\_\_  
Date





City of Garland  
Fire Prevention  
P.O. Box 469002  
Garland, Texas  
75046-9002  
972/205-2000

Date: \_\_\_\_\_

*Confidential Emergency Contacts for the Fire Department*

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite # \_\_\_\_\_

Garland, Texas zip code \_\_\_\_\_

Phone: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_ After Hours Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_ After Hours Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

In case of Emergency:

**FIRE**

First person to notify: \_\_\_\_\_

Phone#: \_\_\_\_\_

Second person to notify: \_\_\_\_\_

Phone #: \_\_\_\_\_





# GARLAND

TEXAS MADE HERE

## UTILITY RELEASE & COMMERCIAL UTILITY SERVICE APPLICATION

My Utility Service Company is: GP&L / GARLAND  ONCOR  MY LANDLORD PAYS

Please indicate if this is a City of Garland funded project or work being done on behalf of the City of Garland.

Connect Date (Pending Approval of CO): \_\_\_\_\_

Service Address: \_\_\_\_\_ Suite/Unit: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

(As stated on the Certificate of Occupancy)

Building Square Footage: \_\_\_\_\_ Is this a transfer of your existing Business account? YES  NO

**Business Type:** DBA:  YES  NO DBA Name: \_\_\_\_\_

Ltd. Partnership EIN# \_\_\_\_\_ General Partner's Name: \_\_\_\_\_

Partnership/ Joint Venture EIN# \_\_\_\_\_ General Partner's Name: \_\_\_\_\_

LLC EIN# \_\_\_\_\_ General Partner's Name: \_\_\_\_\_

Corporation EIN# \_\_\_\_\_

Sole Proprietor/ DBA SS# \_\_\_\_\_

**If using a Social Security Number provide Date of Birth**

**OR If using a non U.S. issued ID (Passport, Matricula Consular, Etc.), provide number, issuing country and Date of Birth:** Country \_\_\_\_\_ D.O.B. \_\_\_\_\_ (a copy of document is required)

Business Owner Name: First \_\_\_\_\_ Last \_\_\_\_\_

DL / ID # \_\_\_\_\_ State: \_\_\_\_\_ Owner's E-Mail Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Is this a Medical Facility:  YES  NO

Business Hours: \_\_\_\_\_ Business Website: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Business Owner's Telephone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Mailing Address:**  Same as above  Different Address (Fill out below)

Attention: \_\_\_\_\_ Corporate Phone Number: \_\_\_\_\_ ext. \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Contact Name: First \_\_\_\_\_ Last \_\_\_\_\_

Phone number to reach you at today: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**OVER**

## SERVICE CONTRACT

Please read the following conditions of the contract and sign below. Your signature indicates that you have read and understand all conditions and that all the information supplied is correct. Your application will not be processed without your signature.

The applicant whose name appears on the front side of this form applies for and agrees to pay for available utility service furnished by the City of Garland at the requested location at the rate(s) established by the City of Garland as now existing or as may be enacted by City Ordinance. The applicant also agrees to abide by and consider as part of this contract any ordinance, rules, and regulations the City adopts concerning Garland Utilities.

The applicant also agrees that if at any time there is a failure to pay when due, any charge for service or repairs, Garland Utilities may discontinue service to any or all meters in the name of the applicant until arrears are paid, plus an additional service charge for turning utilities back on. The City shall have a right of offset against other accounts in the name of the applicant. The City of Garland is not responsible for loss resulting from interrupted service. The applicant also acknowledges that meters are the property of the City of Garland, and that they may be turned on or off only by authorized city employees. Any unauthorized connection of a meter is illegal and will result in immediate termination of service. It is also understood that if this account is turned over to a collection agency, acting on behalf of the City of Garland, which under current FCC Telephone Consumer Protection Act (TCPA) rulings and by submission of any cellular number(s), have permission to be used by such agency for this purpose. Customers who request activation of a service shall be responsible for damage resulting from such activation due to open or faulty piping and/or fixtures on the customer's property.

In addition, a deposit is required for new service. Upon receipt of your request, a Commercial Customer Service Associate may contact you at the number you have provided to assist your activation process.

**This agreement is binding until the applicant gives proper notice to discontinue service.**

The Applicant acknowledges that utility accounts and deposits will only be refunded in the name on the account. Utility deposits will be refunded as outlined by Ordinance upon disconnection of service.

**RIGHTS OF APPLICANT:** If there is a dispute concerning billing, the customer has the right to a consultation with the City of Garland, 217 N. Fifth St. telephone number (972) 205-2671.

I hereby acknowledge that I am the authorized business representative and it is my responsibility to apply for services in accordance with the terms of this Service Contract, and affirm that the information which I have provided on this form is, to my knowledge, true and correct. I understand that the City of Garland is relying on this information to furnish utility service and that if any of this information is determined to be false or incorrect for the purpose of misleading or defrauding Garland Utilities my utility service(s) may be terminated immediately without any further notice to me.

\_\_\_\_\_  
Print Name of Authorized\* Company Representative

\_\_\_\_\_  
Signature of Authorized\* Company Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### OFFICE USE ONLY

Approved By: \_\_\_\_\_ (Building Inspection)      Release Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Release Type:  C/O    Clean & Show    Temporary / Builder Utilities   C/O #: \_\_\_\_\_

Tax ID Verified:  Yes  No   State: \_\_\_\_\_   Good Standing:  Yes  No

Deposit: \_\_\_\_\_   Additional Notes: \_\_\_\_\_   Balance \_\_\_\_\_

All accounts associated with this connect have been verified:  Yes  No

Services Provided:  Electric Rate \_\_\_\_\_    Water    Sewer    Solid Waste    Storm Water    Sprinkler

Backdate:  Yes  No   If yes, \_\_\_\_\_ period to \_\_\_\_\_ period.

Customer # \_\_\_\_\_   Account # \_\_\_\_\_   Employee Initials: \_\_\_\_\_

# City of Garland Sign Permit Memorandum

Excerpts from the City of Garland Code of Ordinances

Do not install any sign(s) without checking with Building Inspection and applying for permit(s). Each sign requires a separate permit.

**Portable signs are not allowed anywhere in the City of Garland.**

Banners and/or inflatables are allowed within the first twenty (20) days of your grand opening. No banners or inflatables are allowed after this time.

**Do not place signs in windows that would obscure more than 25% of the window area. No window signage may remain in place more than 60 days in any six-month period.**

Illegal signage means any sign that was erected in violation of the sign regulation applicable at the time of erection of said sign.

**Please Contact the City of Garland Building Inspections Department at 972-205-2300 or visit the City of Garland Website at [www.garlandtx.gov](http://www.garlandtx.gov) for more information.**

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Signature

Date

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Address of Business





# Garland Fire Department

## Fire and Life Safety

### Self Inspection Checklist

**972-781-7148**  
**972-781-7119**

Please complete this checklist and we will contact you after your paperwork reaches us. Your business needs to be in operation and the checklist needs to be completed prior to inspection. Keep in mind this is not a complete checklist and other violations may be found.

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- Is the address of the building /suite visible from the street or fire lane? (minimum 4" letters)
  - Are Fire Lanes striped, not obstructed and undamaged? (6" stripe w/4" white letters)
  - Are fire hydrants free of vegetation and accessible from the street with a 3' clear space around them?
  - Has the accumulation of waste materials been removed and is storage of rubbish in Approved containers?
  - Are Knox boxes operational and have proper keys?
  - Are one or more operable Fire Extinguisher(s) in place which have been mounted and tagged by a licensed company within the last 12 months? (minimum 2A10BC)
  - Do all exit doors operate properly and are exit signs in place with signs lit when required?
  - Are all Exits and Aisles clear and unobstructed?
  - Have improper locks or bars been removed from all exits?
  - Have extension cords been removed for all but temporary purposes?
  - Is all wiring in conduit and do all junction boxes have covers?
  - Have all blank spaces been filled in electrical panels and is there a 3' clearance in front of them?
  - Is storage arranged in an orderly manner and is there 18" clearance from sprinkler heads? (36" if storage over 12 ft. high)
  - Is there anything in place which would obstruct the proper operation of sprinkler Heads?
  - Is storage height at least 2' below the ceiling in unsprinklered buildings?
  - Are mechanical and electrical rooms accessible and maintained without combustible storage?
- 

There will be an additional **\$35.** fee for a second reinspect and **\$50.** for a third.