



### CHANGE OF OCCUPANCY APPLICATION

\* Please attach the following items with completed application:

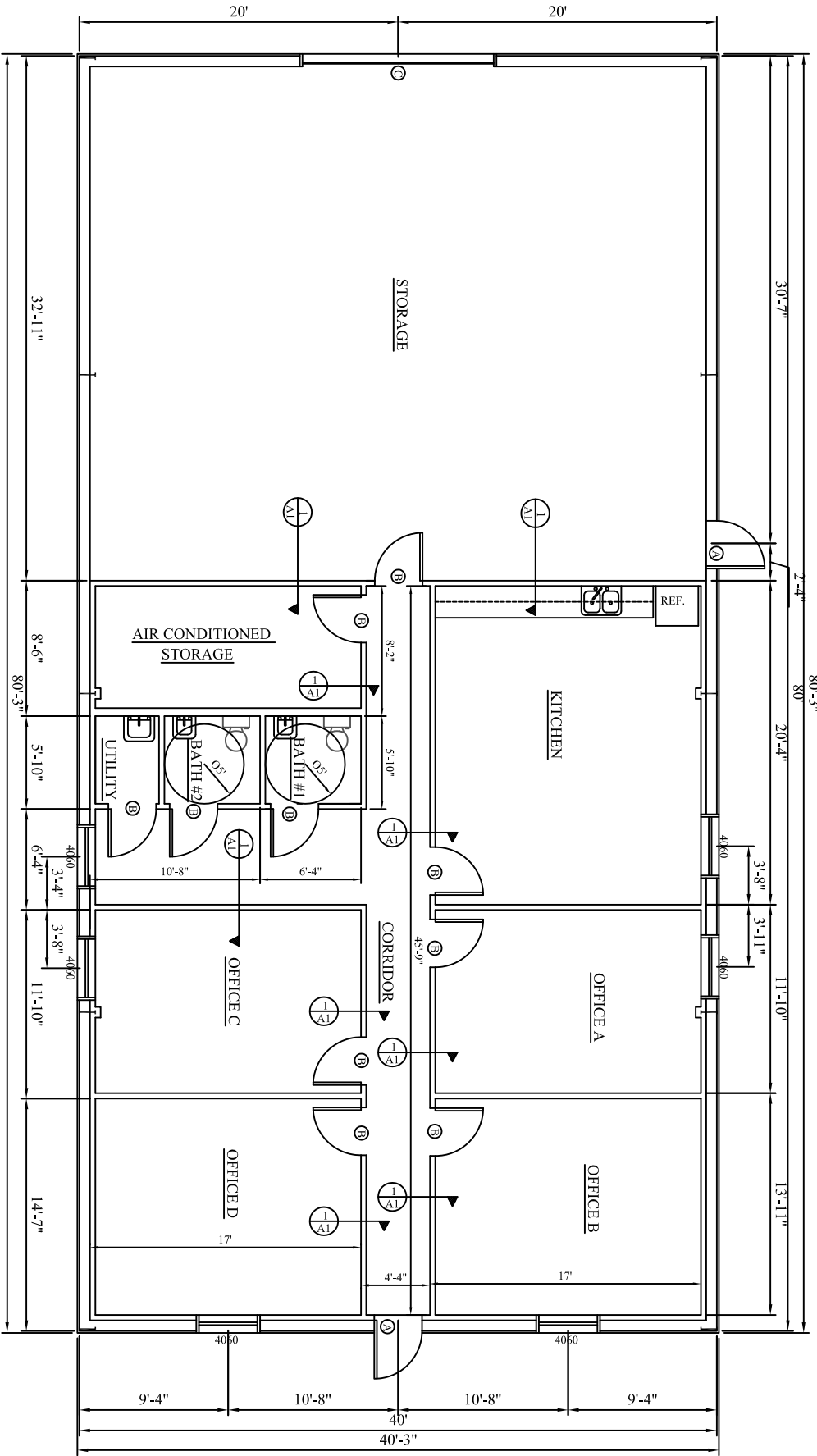
- Site Plan showing the exact location of the space to be occupied as well as the parking and common areas.

TENANT INFORMATION			
Name:		Phone Number:	
Address:			
City:		State:	Zip:
OWNER INFORMATION			
Name:		Phone Number:	
Address:			
City:		State:	Zip:
BUSINESS INFORMATION			
Name of Proposed Business:			
Address:			
City:		State:	Zip:
Business Phone Number:		Email:	
Previous Use:		Proposed Use:	
BUILDING INFORMATION			
Does the Building have a Fire Suppression System?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Building have a Fire Alarm System?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will there be Alterations to the Exterior of Building?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will there be Alterations to the Interior of Building?*		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Square Footage of Building/Lease Space:		* Type of Alteration: (Separate Permit Required)	
		<input type="checkbox"/> Structural <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing	
FOR OFFICE USE ONLY			
Permit Number: _____		Fees Due: _____	
Date Submitted: _____		Payment: _____	
Planning & Zoning Review: _____		Date: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Building Department Review: _____		Date: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Fire Marshal Review: _____		Date: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied

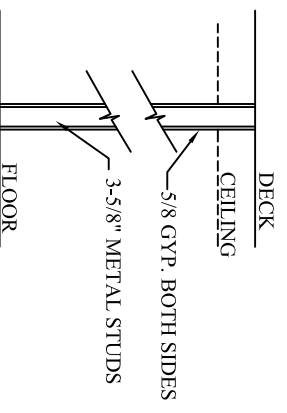
**You can email this application along with supporting documentation to:**

[permits@ci.dickinson.tx.us](mailto:permits@ci.dickinson.tx.us)

# CITY OF DICKINSON COMMERCIAL FLOOR PLAN EXAMPLE



- Here are a few helpful tips for building planning.
1. What type of occupancy is building? Chapter 3 of IBC 2003  
Is it more than one type of occupancy?
  2. What is the square footage of building?
  3. What will the occupancy load be? Chapter 10 of IBC
  4. What is the allowable height and building area for type of construction? Chapter 5 & 6
  5. Will fire barriers be necessary or will building be required to be sprinkled? If fire barriers are necessary, is the UL number or number from Ch. 7 listed on the plans? Chapter 5,6,7,9,10 of IBC 2003, 2004 UL directory?
  6. Does building comply with egress? Chapter 10 IBC 2003
  7. Does building and site comply with Texas Accessibility Standards?
  8. Does glazing comply? Chapter 24 IBC 2003
  9. Does the mechanical system require smoke dampers or smoke detectors? IMC 2003
  10. Has an energy code analysis been performed?
  11. Are emergency exit lights in proper position? Chapter 10 IBC
  12. Is there adequate emergency illumination? Chapter 10 IBC
  13. Is exiting and travel distance adequate? Chapter 10 IBC
  14. Is the building required to have an exterior wall that is required to be fire resistant with protected openings? Chapter 6, 7 IBC 2003
  15. Show Knox box location and locate Fire Extinguishers



1 ONE HOUR FIRE BARRIER TYP. ALL CORRIDOR WALLS  
UL# U419

#	TYPE	SIZE	RATING
(A)	EXTERIOR	3'-0"x7'-0"	*
(B)	INTERIOR	3'-0"x7'-0"	20 MIN.
(C)	EXTERIOR	12'-0"x12'-0" O.H.	*

