



**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. Copy of driver's license or State identification card of the applicant or of the property owner
  3. 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
  4. 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
  5. 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. Copia de la licencia de conducir o tarjeta de identificación del Estado del solicitante o del dueño de la propiedad.
3. 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
4. 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
5. 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CHECK THE FOLLOWING: <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PREVIOUSLY OCCUPIED    REMODELING <input type="checkbox"/> YES <input type="checkbox"/> NO	
PLEASE DESCRIBE THE TYPE OF BUSINESS / ACTIVITIES THE BUILDING OR LEASE SPACE WILL BE USED FOR (BE SPECIFIC): _____ _____	
EXISTING GARLAND COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO    NEW START-UP COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO RELOCATING? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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.)

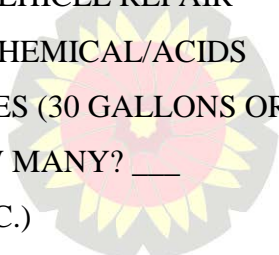
\_\_\_ SEMI CONDUCTOR

\_\_\_ 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

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







[www.ci.garland.tx.us](http://www.ci.garland.tx.us) or [www.garlandutilities.org](http://www.garlandutilities.org)

**UTILITY RELEASE & COMMERCIAL UTILITY SERVICE APPLICATION  
USE BLUE OR BLACK INK ONLY AND PLEASE PRINT CLEARLY**

My Utility Company is  GP&L  TXU  N/A (Landlord pays utilities)

Address of Business:		Zip:	Requested Connection Date:
New Business? <input type="checkbox"/> Yes <input type="checkbox"/> No		Existing Business in Garland? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If an existing business, do you wish to disconnect utilities at your previous location? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If yes, effective date to discontinue <u>Garland</u> utilities (does not include TXU or Atmos):</b>			
Address of previous location within Garland:			
<b>Account Name</b> (legal name as recorded with Texas Secretary of State, or DBA as recorded with Dallas County, or business owner's name):			
<b>Billing Address</b> (if different from Business address):			
Type of Business:			
Total Sq. Ft. of Building:		Air Conditioned Sq. Ft.:	
Owner of Business:			
Home Address:			
Home Phone:		Office:	Cell:
<b>State Tax ID No:</b>		<b>Federal Tax ID No:</b>	
Name and Address of Other Businesses You Own:			
I understand that this release is not a certificate of occupancy and that occupancy of the structure or operating a business in the structure before issuance of a certificate of occupancy IS NOT LEGAL. I further understand that the utilities may be disconnected if the structure is used or occupied for any purpose without a certificate of occupancy.			
Signature and Title:		Name (please print)	
Driver License No./State	Date of Birth:	Social Security No.:	
<b>Name and Title of Primary Contact</b> (please print):			
Work Phone:		Cell:	
Home:	Fax:	Email:	
↓For Office Use Only↓			
Release Approved by Building Inspection:		Date Approved	
<input type="checkbox"/> C/O	<input type="checkbox"/> Clean & Show	<input type="checkbox"/> Temp/Builder Utilities	<input type="checkbox"/> Res. Construction Water
<input type="checkbox"/> Electric	<input type="checkbox"/> Domestic Water	<input type="checkbox"/> Irrigation Water	
CSR:	Date:	<input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Spk	
Account No:	Location No:	Deposit: \$	



[www.ci.garland.tx.us](http://www.ci.garland.tx.us) or [www.garlandutilities.org](http://www.garlandutilities.org)

## **CITY OF GARLAND PRIVACY POLICY NOTICE**

### **OUR PRIVACY POLICY**

Protecting your privacy is important to us. In providing utility services to you, we collect certain nonpublic personal information about you. Our policy generally is to keep this information strictly confidential, and to use or disclose it as needed to provide services to you, or as permitted or required by law or by you. Our policy applies equally to our former customers, as well as individuals who simply inquire about the services we offer. We may change this policy in the future upon notification to you in a manner we determine to be appropriate. Should you continue to receive services from us after the notification you will be deemed to have consented to the changes in the policy.

### **INFORMATION WE COLLECT**

The nonpublic personal information we have about you includes information you give us when you apply for or establish an account for service, or when you write or call us, such as your name, address, social security number, and employment and financial information. It also includes information we collect from other City departments as well as outside third parties, including other governmental agencies, credit reporting agencies and credit or service bureaus in connection with the processing of an application for utility service or in updating or verifying your personal account information. The information is used in connection with the provision of service to you, including evaluating your application for service, service delivery, billing and invoicing, collection of fees and charges, marketing and similar purposes.

### **INFORMATION WE DISCLOSE**

The City considers the nonpublic personal information contained in its utility records to be confidential. However, we may disclose nonpublic personal information to credit reporting agencies as permitted by law; to local, state and federal law enforcement pursuant to a lawful purpose; to affiliated and non-affiliated third parties acting on our behalf; to the appropriate regulatory agencies as part of their regulatory oversight; to collect an outstanding debt for utility services; or as otherwise permitted or required by law. In addition, as a governmental entity, we are subject to the Texas Public Information Act and may be required upon written request to release some of the types of information maintained in our records. You may contact the Texas Attorney General's Office at 1-800-252-8011 for more information about this law.

### **HOW WE SAFEGUARD YOUR INFORMATION**

We restrict access to nonpublic personal information about you to those persons who need to know it or who are permitted or required by law or you to receive it. We maintain physical, electronic and procedural safeguards to protect the confidentiality of your information.

### **HOW WE DISPOSE OF YOUR INFORMATION**

Your nonpublic personal information may be destroyed after it is no longer necessary for the purpose for which it was collected or to satisfy legal requirements. Any destruction of documentary information will be accomplished by shredding the documents in a document shredder. Electronically stored information may be maintained indefinitely.

# 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.