



New Commercial Business Transfer of Utilities

Address for inspection site: _____

Name of Applicant: _____

Applicant mailing address: _____

Type of Business: _____

Reverting utilities back to landlord/ owner.

Contact Phone number: _____

Inspection date: _____ Inspection time: _____

APPLICANT: FILL IN INSPECTION DATE AND TIME.

I acknowledge that any deficiencies found must be corrected BEFORE I occupy the building at the above listed building address. Failure to correct the deficiencies prior to occupancy will result in the disconnection of all utility services to the building.

Date: _____ Signature: _____

THIS APPLICATION MUST BE RETURNED TO CUSTOMER SERVICE BEFORE ANY UTILITES CAN BE TURNED ON.

FOR OFFICIAL USE ONLY:

ZONING APPROVED: Yes No

CODE VIOLATIONS: _____

This building is approved for occupancy.

BUILDING OFFICIAL: _____ DATE: _____

FIRE MARSHAL/ REP: _____ DATE: _____

Code Enforcement Phone: 830-248-1529 Fax: 830-249-7202

codeenf@ci.boerne.tx.us